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ORIGINAL ARTICLES.

WHAT THE ANCIENTS KNEW CONCERNING OBSTETRICS AND GYNÆCOLOGY.

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Presented to the Section on Obstetrics and Gynæcology of American Medical Association, June, 1883.]

A short time since I was presented by my friend Dr. Dickinson with a Latin folio edition of all the extant works of the two most valuable Greek medical compilers, Oribasius and Ætius. The book itself is some 300 years old, and in a good state of preservation —never having been read, and though published only a little over 100 years after the invention of printing, could scarcely be excelled in mechanical execution at the present day. But any value that might be attached to this is utterly lost in the priceless value of its contents.

Oribasius, a learned Greek physician of the fourth century, was court physician to the Emperor Julian, and wrote his great work, the Hebdomekontabiblos or Seventy Volumes—a compilation of all that was known of medicine, at the order of Julian, who was as remarkable for his cultivation of letters as for his hatred of the Christian religion. He also wrote an abridgment for his son Eustathius, in nine books. Of the great work some twenty-five volumes have been preserved, together with all the abridgment in nine books. All of this is in my Latin edition, turned into Latin and dedicated to Cosmo Medici, Duke of Florence, by Dr. John Babtist Rasarius of Novarensus, in 1553. The work as preserved covers pretty fully the departments of materia medica, anatomy, and the practice of medicine and surgery, all of which contain many articles, instructive and well calculated to dissipate any inflated ideas we may entertain that wisdom began with us, and to inspire us with veneration for those great men who at this early age had placed the healing art abreast with the most advanced thought of the day.

In gynæcology there are many really valuable and accurate articles, such as Prolapsus Uteri, On Exciting the Menses, Fleur Albus, On Ulceration of the Uterus, etc.; but the compilation of the learned Oribasius, full and valuable as it is, was written amidst the hurry and excitement of court and camp, and lacks the fullness and accuracy of Ætius—the most learned, able, experienced and honest of all the Greek compilers, who practiced and wrote at Alexandria in the sixth century, at the time when the library in the Serapion contained at least a copy of all that was known in medicine and all other departments of human knowledge, while its dissecting rooms gave an accuracy in anatomy no where else to be obtained. And yet this great work has, I believe, never been published in any modern language, certainly it never has been in English. Had it been, it would have saved many learned assertions of modern authors concerning the knowledge of ancients, from publication.

I can not even guess why the Sydenham Society should have had the learned translator of the "Genuine Works of Hippocrates and the Extant Works of Ætius" also translate the comparatively worthless, incomplete and unreliable works of Paulus Ægineta, a Greek compiler of the seventh century, who, without ability or experience, certainly made his compillation without the aid of the Alexandrian library, and if he had any other works to compile from, than Oribasius and Ætius, certainly did not use them. A fact that leaves less regret, when we learn how bad a use he made of these, and yet this work is done in English possibly to show us how much the ancients knew of medicine, a purpose it utterly fails to accomplish. But even this would be of less consequence but for the fact that the learned translator, Dr. Adams, in his exhaustive commentaries on Paulus Ægineta, which have furnished the source from which much subsequent learned reference to the ancients has been derived—constantly does great injustice to Ætius, and thus to the world, frequently stating that Ætius agrees with his author, as though he had not lived a century before Paulus, who has stolen the article from Ætius. and through ignorance or desire to hide the real author, has done it so badly that the article has lost its value by the theft.

But scarce as are the works of Ætius, and little as they are read or quoted, they existed in the libraries of Europe, and as we shall see furnished the mine, the metals from which has been made the fortune of not a few discoveries. (?)

The works of Ætius in this edition, turned into Latin in 1512, by Dr. Janus Cornarius, Greek and Latin Professor at the Imperial city of Frankford, consist of his Tetrabiblus, or Four Books. Each book is divided into four sermons or discourses, each discourse consists of a great many chapters. The

last one of the Fourth Book of the Tetrabiblus is entitled "On the rationale of conception and parturition and diseases of women, especially those of the uterus and mamma; also of the preparation of most precious ointments, potions and perfumes." Surely, in reading this title page we might suppose the book was not of the seventh, but belonged to the nineteenth century. This fourth discourse of the Fourth Book consists of 112 chapters on Obstetrics and Gynæcology. It also begins, as all such works may be expected to, with a description of the uterus and its appendages, which we give:

"De uteri, situ, magnitudine ac forma, chap. 1.

On the situation, size and form of the uterus.

The uterus, Greek *metra*, this is called the matrix, because all life originates from it as from a mother. The same is called hystera, beause it is situated beneath all the viscera. For the uterus is placed within the peritoneal membrane lining the abdomen and all the intestinal convolutions, between the bladder and rectum, and lies upon this nearly its entire length, and upon the bladder to near the umbilicus, where is its fundus, for the most part mounting here above the bladder. But near the part stretching to the pudenda, the bladder extends beyond the uterus by its neck. Its size is not the same in all, for the uterus is much smaller in those who are not pregnant, but larger during pregnancy, but in those who have never been pregnant the uterus long continues even less, and until near puberty it is least in those who have not arrived at venereal desires, and is always smaller in those who have never had sexual intercourse.

And then the length of the uterus in women is ordinarily from near the umbilicus quite to the vagina, and is about eleven finger-breadths, but its width extends from either side between its horns. But whatever size it may attain, all that remains, the body, and more especially the fundus, is like a bladder. But in that it has nipples which spring up, produced from either side of the fundus and stretched to the loins, it is not like a bladder. These productions, which are called horns, tend at first upward, afterwards downward, and they are a little narrowed, so that their terminations are like veins; and these narrowed parts of the horns, as flexible tubes are carried to the ovaries, which are situated by either side of the uterus, by either side of the fundus near the cornua, and through these winding canals of the horns, in congress with the male the uterus draws the semen from the ovary. But the female testicles (ovaries) are small and not round, and oblong, and composed of tender flesh, as in the male, but broad and glandular and membranous. Moreover, the uterus is attached to the bladder and rectum by interstitial fibers, and attached to the sacrum by ligaments, which are strong, fibrous and muscular. There are ligaments and appendages which are inserted into the uterus, a part of which are interwoven and platted into the body of the uterus, not a small part of which are nerves originating from the spinal cord, but a part are incrementual and nutritive to the uterus itself, and made subservient to the fœtus. Such are the arteries and veins, for from the vena cava, which runs along the spine from the convex part of the liver, and from the great artery which lies upon it, two nerves and two arteries originate, indeed on either side a vein and an artery, and these four vessels are distributed to the uterus, but, before being inserted into this, give off branches to the ovaries, and afterwards are inserted into the body of the uterus and interwoven with its substance, and from these the menstrual blood in the uterus is derived. But there are other veins and arteries inserted into the uterus, a part of these are sent to the ovaries and a part extended to the neck. And, in fact, the body of the uterus consists of two membranes, an external, which is serous, and an internal, which is vascular; an external which is simple and one, but the internal is double; so that if we desired to peel it off there is seen to be two uteri (cavity of body and cervix) under one and the same membrane. Again, the neck of the uterus is muscular, and composed of hard and cartilaginous flesh, and always harder at its termination, and as time advances becomes cartilaginous, so much so in those who have had many children, and in old women, as as to resemble to the touch the upper part of the throat, and there is a meatus in the neck through which the menstrual blood is discharged and the woman receives the male semen, and through which the fœtus also passes, for, wonderful to relate, this opening is distended to so great a magnitude at this time. For the remainder of the time it is only sufficient to admit the point of a sound or a substance a little larger, and when the woman is pregnant it is closed so that it will not admit anything. But at the time when the fœtus is discharged from the womb the pains of parturition distend it to so great an extent that, wonderful to hear, the whole child passes through it. The neck ends and is terminated at the vagina or at the pudenda; moreover, the length of the vagina in women of mature age is about six finger breadths, nevertheless in labor and coitus it becomes shorter; doubtless in these states the neck of the uterus extends itself. During girlhood the vagina is soft and delicate, but in old women and in those who have had many children it becomes hard and like cartilage, because from the frequent congress and the forcible distention of labor it is hardened. It is also hardened by the presence of the menses, and not less by the abundant flow of acrid humors, by which hard ulcers and fistulæ are produced. And then at the time of menstruation the uterus is thickened and swollen, at other times it is thinner and contracted. It is also thicker and larger in those who have had many children, but thinner (smaller) in those who have never been pregnant.

It is also thickened from the first day of conception. But when the fœtus is developed, and during labor, it becomes thinnest, but thinned as a bladder becomes by being distended with air, its thickness being drawn out in its long diameter; and this much have we said as to the situation, size and shape of the uterus."

Commentary.—This remarkable description of the uterus is only wanting in our modern more distinct divisions of a subject and our more concise terms of

expression to give it a fitting place in a work on obstetrics and gynæcology of the eighteenth century. The author is not wanting in anatomical knowledge, but here, as in many other instances, the facts, though clearly known, are imperfectly communicated, for want of concise terms to express them.

The statement that the womb is called matrix because all life originates from it as from a mother, and that it is called hystera because placed under all the viscera, are facts worth stating and perhaps not known to all. The length of the uterus given is during pregnancy, and is true. The description of the oviducts and their uses left nothing for Fallopius to discover, this, together with his description of the uterine blood-vessels and their uses, of themselves, refute the assertion made and believed, that the ancients had no physiology. Now, how did Ætius know what modern science has so lately learned,—that the extremities of the Fallopian tubes were applied to the ovaries during ovarian orgasm, and that through them passes to the uterus from the ovaries whatever the female contributed to the reproduction of the species? and how did he know that the mouth of the uterus in the non-pregnant condition would only admit the point of a sound if they had no uterine sound, or only used it, as Dr. J. G. Simpson supposes, as a therapeutical agent? and how could he know that during pregnancy the canal was closed against even this? or that the uterus was succulent and thickened during menstruation? or that it beeame intumescent from the first day of conception? Such knowledge is in advance of that at the beginning of the nineteenth century, and proves conclusively that he possessed a vast fund of accurate anatomical and physiological knowledge not given here, not given because not compatible with the nature and subject of the chapter. After reading this description we suppose no one will again assert that the ancients did not know or did not discriminate the os uteri from the vagina! Surely Ætius did not suppose that the os vaginæ of a woman bearing children would only admit the point of a sound, and that after conception it would not admit even this?

"On the assistance that should be given those in whom conception is hazardous.

"Some women when they conceive are endangered in parturition, either from the smallness of the uterus, so that the fœtus cannot escape from it, or from narrowness of its neck, or because a tumor (polypus) or some such like substance is developed within its entrance, which complicates the labor, and certainly such are best served, if they are entirely guarded against parturition; and should they conceive, it is safer to probuce an abortion than to dissect and remove the fœtus at term. For these reasons we must proceed from the order of destroying the fœtus, to that of producing sterility. For that which induces sterility, differs from that which destroys the child, for it prevents conception, this done it kills and expels it. Therefore as a woman must not conceive she must first take heed not to have intercourse with the male at the time when conception is most likely to take place, namely, at the beginning and termination of the menstrual flow, and then in the act of coitus when the male semen is being ejected she must hold her breath, that the semen may not be carried within the uterine cavity, and immediately rise up and placing herself upon her knees provoke sneezing, and carefully wipe the pudenda. To prevent conception also the mouth of the womb may be smeared over with honey, or with opobalsom, or with cedar oil, either by itself, or mixed with white lead. In like manner she may use white lead mixed with liquid myrtle cerate or with alum water, or galbano with wine, also of a like nature are cold and astringents applied to the meatus, just before coitus, as they close the mouth of the uterus and prevent the semen penetrating within its cavity. But also the excitation of heat not only drives the semen of the male from the uterus, but draws and extracts the remainder of the tumors. But those things which follow prevent conception and induce sterility."

Commentary.—Here follows in the next chapter a long text of very efficient suppositories, washes and drinks for the prevention of conception, by which we are assured that the women of ancient Greece and Rome were often as anxious to escape conception as are some of those of New York and St. Louis, and also that they were provided with perhaps quite as efficient means as are those of the present day. Again in the next chapter, "On the Production of Abortion," which is credited to Asparia (by the way, there never was a female writer on midwifery by this name), shows that this accursed art had been brought to great perfection 2,000 years ago, and if less efficient than some of those of the present day, it was only because less dangerous.

"Pariendi difficultatis causæ.

"On the causes of difficult labor."

"Difficult labor happens from various causes, from that which affects the body or the mind of the puerpura, or from weakness of both at the same time; either from smallness of the uterus, or because of narrowness of the meatus, also those who, on account of age or shortness of stature generally have the uterus corresponding with the rest of the body. It is possible for difficult parturition to arise either from obliquity of the neck of the uterus, or from the growth of flesh (polypus) to the neck of the same, or from its mouth, or from inflammation, or disease or induration of the same parts, or because the fœtus cannot rupture its surrounding membranes, or because the water collected in the uterus is discharged prematurely, and at the time of labor the parts being without the water, are dry; for the waters are of the greatest service at this time, as they give easy passage to the child. Or because the puerpera has a stone in the bladder, which by compressing the neck of the uterus renders labor difficult, or it may be caused by grossness or fatness of the pregnant woman. Also, the labor may be rendered difficult by the two compact union of the pubic bones, so that they cannot dilate during labor; for the pubic bones in women are not connected as in men, alternately (serrated suleres), but are jointed by strong ligaments. The same difficulty in parturition is caused by a too great cavity of the loins (promontory of sacrum) compressing the uterus, or from the great quantity of excre-

ments retained in the rectum or bladder. Sometimes, also, the parturient patient is debilitated from age. Others begin to bear down during the first stage of labor, through ignorance, or on account of inexperience of how properly to prepare the body, or because they have not yet attained the age or strength of womanhood, but to this time have remained as girls. Difficult labor may be produced when all or a part of the child is of extraordinary size, or the head or the thorax, or the abdomen is of undue proportion; or when the fœtus, from weakness, is not able by its leaps and movements to assist its mother; or when there are two or three children, or when twins advance and both suddenly engage in the neck of the uterus together; or when the fœtus, having perished, can give no assistance in the labor, or when being dead it is swollen; or lies præternatural, for the position of the presenting fœtus is natural when it advances so that its head is straight, with the hands extended upon either thigh, but præternatural when the head is turned to either the right or left side of the uterus, or when one or both hands is prolapsed and the legs are separated from each other. Yet less is predicted of the rest of the form in those which present by the feet, especially if they advance with a hand extended upon either thigh. But the fœtus which presents with one foot prolapsed, while the other is detained within the uterus, or doubled up resting upon some part of the uterus, requires correction, just as do those who have the hand extended. Those which present obliquely are less objectionable, and this may happen in three ways, for either one or the other side of the fœtus presents or the belly; but the presentation of the side is easiest, for then the midwife, by introducing her hand, straightens either the feet or the head of the child. And then those that present double are in the worst position, more especially if the presentation is by the pelvis. But there are three ways in which they may be doubled, for either the head and legs, or the abdomen may be in the mouth of the womb; but it is preferable for it to be on the abdomen, for these are dissected by us, and after removing the internal parts the pieces come down and the shape is readily changed.

"In like manner parturition may become difficult if the membranes, either because of their thickness do not break, or because of their thinness rupture too soon; moreover, difficult labor may arise from external causes, for the meatus may be contracted if the season of the year is cold and stormy, or it may be relaxed by the heat of summer. All of these difficulties occurring to women in labor, it behoves the physician to inquire of the midwife, and not rashly to resort to surgery, nor should the midwife be permitted to continue to dilate the uterus for any undue length of time. If therefore the labor is rendered difficult by the lumbar cavity (projecting sacral promontory), the patient should be placed in a chair, with the knees bent forward, that the uterus may lie within its neck straight; the fat and fleshy are placed in the same manner. But if the difficulty is because ot some narrowing or stupor, or contraction, assistance must be given by laxative warm hip baths or fumigation, such also as a warm room, and inserting of both actual and potential warm oil (pungent oils or those warmed), and also by the application of ointment and poultices of the same property. Relaxation may also be produced by baths, and, if not forbidden by fever or some other cause, by carrying the bed of the patient into a warm room. Some have also advised strong shaking in this condition. But for those who are prostrated by weakness in their labor, we must produce firmness by strengthening, condensing, and more especially astringent remedies, such as sprinkling them, and the use of hip baths of decoctions of myrtle, vine leaves, or roses, or aromatic decoctions with vinegar, and ointments from wine and rose oil cold. But if the difficult labor is caused by the preternatural form of the fœtus itself, it must be reduced to the natural conditions by such means as we are able to use, but if a foot or hand present, we must not draw upon it, as the greater impaction would be produced thereby, or it might be even dislocated or broken, but with a finger under the shoulder or thigh we change the position of the fœtus and bring down the presentation in a more favorable manner. But if at the same time with contraction, the entire condition of the fœtus is unfavorable, it is first lifted up from the os to the upper part of the womb, and afterward it is brought down again to the mouth of the womb straight, and that this may be done gently, safely, and without contusion, constant anointing the parts with oil must be observed, for upon this depends the safety of the child and the mother, and the uterus also remains uninjured. And if the mouth of the uterus remains closed, it must be softened and relaxed by fat ointments. But if the difficulty should be on account of a stone in the bladder, we must push this out of the neck of the bladder with a catheter—and if the bladder is distended with urine, it must be emptied with a catheter, and if the rectum should be loaded with excrements, they must be removed by a clyster; and if the woman should not be able to accomplish her delivery by reason of inflammation, or abscess, or ulcer, loose tumor (fibroid) or induration, she must be relieved from each of these by suitable treatment. But if the labor should become difficult by the springing up of flesh (polypus) in the neck of the uterus, or from some kind of congenital solidity of the membranes, as happens in imperforate women, whatever may be the nature of such impediment, we must cut it away; and if from the membranes surrounding the fœtus being too solid, so that is not able to rupture them, they must be cut open. But when from the too early discharge of the waters, by which the parts, at the time of labor, are left dry, we must inject into the vagina the white of eggs, with decoctions of mallows, or warm barley water, and if smallness of the uterus is the cause of the difficulty, the parts must be anointed with some kind of fat, also fomentations must be used, and the os uteri dilated with the finger, and the fœtus forcibly extracted; but if not successful in this, it must be dissected. This is done more especially when the fœtus is too large or dead. That the fœtus is dead we may know by the cessation of movements and from its appearing cold to the touch. And if there are twins or triplets obstructing the mouth of the uterus, we should lift the

others to the fundus of the uterus, and first deliver that one which appears nearest delivered. But if the difficult labor is caused by the great size of the head or thorax, or belly, all that is necessary is to open these. Moreover, the time for placing the woman in chair is when the mouth of the womb is open to the touch, and the membranes ready to rupture."

Commentary.—This long and interesting chapter is taken from Philumenus, a distinguished surgeon and gynæcologist of the 2d century. The next chapter, "On the Dissection and Extraction of the Fœtus," is credited to Philumenus, and constantly repeats the directions in this, showing conclusively that this is from the same author. We are then given here, not the opinions and practice of Ætius of the 6th century, but carried back to the state of obstetrical knowledge some 1,800 years ago. While some of the statements of the author are obscure or fanciful, particularly as to the position of the fœtus, which they really did not understand—and even Ambrose Pare candidly admitted that, though he had labored to determine, he did not know what was the natural position of the fœtus—yet it is exhaustive in the relation of actual causes of difficult labor, and fertile in his resources in removal of the difficulty, so much so that all Europe could not have duplicated this chapter in better the days of Smellie.

The causes of difficult labor are very properly stated to be dependent upon pathological states of the mother or that of the child. Of the mother the causes may be either physical or mental, and this is true. Of the pathological conditions of the mother he relates, smallness of the uterus (hypothetical) narrowness of the os (rigidity), smallness of stature (true), age, either too old or too young (true), obliquity of the uterus (beautifully true), the growth of flesh in the neck or os (polypus or fibrous tumor, true), inflammatory states (true), because cannot rupture the membranes (firmness of membranes cause delay), too early discharge of water, (true in fact, and why?), stone in bladder (true), too fat, too fleshy (true), anchylosis of pubic bones, (true), projecting sacral promontory (true), loaded rectum or bladder (true), bearing down in first stage (true), excessive fœtal development (true), multiple pregnancy (true), locking of twins (true), dead and intumescent fœtus(true), praeternatural positions (true), head bent upon neck (true). The means indicated for meeting these various causes of difficult labor, either caused by mother or child are often just such as a scientific obstetrician should give at the present day. The time for placing the woman in the chair is just that which we observe at the present time—to do so previous to this time would be to unnecessarily confine the patient, to defer it longer would be hazardous.

The too firm union of the pelvic bones so that they cannot dilate, or separate, is a question we are yet discussing. I, however, fully agree with Philumenus.

"Cancri Chirurgia. Leonidæ."

"On the surgical treatment of cancer, by Leonides.

"In the treatment of those cancers that arise upon the breast I (says Leonides), rely entirely upon surgery, which is done thus: "I make the patient lie upon her back, then I cut upon the sound part of the breast, above the cancer, and burn in the incision with a red hot iron until a crust is formed sufficient to arrest the flow of blood; I immediately incise again and dissect up from the deepest part of the mammæ, and again burn the incised parts, and after this I repeat the cutting following it with the red hot iron sufficient to arrest the hæmorrhage. The first burning is for the arrest of the hæmorrhage, but afterwards the burning is for the removal of every vestige of diseased tissue. But often also when the indurated cancerous tumor is situated less deep in the breast, the entire operation is performed without the cautery, for in such cases it is sufficient to amputate to the sound parts, as there is no danger from hæmorrhage.

Commentary.—This chapter on the surgical treatment of cancer of the breast, follows that description of cancer of the breast by the two great gynæcologists of the first century, Archigines and Leonides, and shows that with all our boasted knowledge we have not improved upon the skill of these immortal surgeons of 1,800 years ago. Indeed, the operation here given is better than the more artistic one of the present day, and with chloroform it might be relieved of the hideous suffering then inflicted. But in operating for cancer, as life or death hangs upon the perfection of the removal of the disease—even this is of but little moment. Some may ask, Why did they not apply ligatures to the bleeding vessels instead of burning, for the arrest of hæmorrhages? This would be answered with the statement that the ligature is of modern invention or discovery, for which we are indebted to the genius of Ambrose Pare. This is not true, as these surgeons were just as familiar with the use of the ligature to bleeding vessels as Dr. Gross or Billroth; and if any surgeons from the days of Galen, second century, to that of Ambrose Pare were ignorant of them, it was because they had not done what Pare did, read the ancients. *En passant*, we may say that Hunter discovered how to cure aneurism from Ætius. They did not apply the ligature, because the theory was that cancer was caused by black blood, and this should be permitted to run out to as great an extent as might be compatible with the safety of the patient; while, therefore, the first burning was for the arrest of the hæmorrhage, the last was for the removal of any vestige of the disease—vestiges which so constantly escape the eye and knife in our artistic operation, that one of our distinguished surgeons has nearly ceased to advise operation in this disease.

"De reclinatione, aversione æ recursu uteri Aspasia.

"On lateroversion, anteversion, and retroversion of the uterus, by Aspasia.

"In suppression of the menses, from necessity, there is repletion of the veins and arteries tending to the uterus; for the blood which runs quite to the mouths of the vessels, but is not able to pass into the uterine tissue, either because from its too great thickness it impinges against their mouths and coagulates, or because the mouths themselves are closed and their passage obstructed so that the veins, filled with fluid, are distended, and the appendages in the vicinity of

the uterus are swollen, by which distension the uterus is withdrawn; and if the drawing is equal from both sides, the lateroversion or retroversion of the uterus is equal (no displacement), but if the traction is made greater in one part than another, as is caused by the viscera, namely—the liver or the spleen, the distended veins of which overflowing with blood, draw the uterus from these parts, the veins of the liver from the right, those of the spleen from the left, as either may be more full. But to whatever part the uterus is inclined, we may know by touching with the finger and by the following signs. For if it is inclined obliquely, distension, pain, coldness, impediment, and numbness of the near thigh will disclose it; sometimes also dryness of the same groin, followed by weakness in resting upon that limb, and difficult locomotion. But if it is inclined backward (retroverted or retroflexed), or downward (prolapsed), motion of either leg is followed by numbness and difficulty. Often like movements well nigh intercepted, and violent pains harrass the patient; the bowel is likewise constipated, nor does it admit an enema unless the patient is placed upon her knees. The flatus is also retained, and pains are excited at the anus, especially if the displacement is against the anus (retroflexion); and if it is turned to the pubis (anteverted), the hypochondrium and pubis are distended, and pains invade the same parts; likewise, sometimes the urine is retained in this form of displacement. Therefore, in whatever manner the uterus shall have been displaced, it ought to be treated during the exacerbation in the same manner as inflammation. But in the remission and decline of the disease a more mild treatment may be used, but with the disease persevering we must use such things as have the property of drawing from above (cathartics), and of changing the habit of the body (alteratives), and indeed we should treat displacement against the anus (retroversion) thus: First, we should direct the midwife to lift up the uterus by introducing her finger into the anus; then she may place in the anus a suppository four fingerbreadths in length, prepared from galbanum and wax, and to the extremity of which a thread has been attached, for its more ready removal; or wool with castor diluted with water, or dry bitumen, or liquid pitch may be used in a similar manner. But on the following day tepid oil of irini or lilies may be thrown into the vagina and rectum, and the parts should be fomented with some aromatic decoctions, either horehound or fleabone, and the vagina may be washed with the same; afterwards rose cerate may be used. But if the drawing back inclines obliquely (retroflexed), first the same fomentations may be used; then the midwife, with a sound introduced with the finger, straightens the neck of the uterus; the patient is then placed in the supine position, or on the opposite side to the one affected. Moreover, a mild and aperient suppository may be used, and some of the formerly named oils should be thrown into the vagina, and washed with wine and rose oil, or flaxseed emulsion prepared with wax should be placed upon the pubis, and we may give to drink musk, anise or cumen or nigella, peonyroot or gentian or myrrh, or carrot seed, or heartworth, or elecampane from vinegar and honey. Likewise the same may be done in violent attacks of pains in the uterus, not each single and by itself, but also united together. Also, the woman should be laid with her head elevated; and if the uterus, after being properly replaced, is again drawn back, some fetid substance should be immediately placed to the nose and sneezing excited. And if the urine is retained, it should be drawn off with a catheter. And if the paroxysm should be relieved by this, there is quiet. Again, for the exacerbation of the disease, if the patient is young and plethoric we may consider the propriety of extracting blood from the arm. We may then give emmenagogue drinks and use the milder pessaries.

Commentary.—This remarkable chapter proves conclusively that the ancients not only recognized the diifferent kinds of uterine displacements, but were scarcely less apt than ourselves in remedying them, only wanting permanent supports that have become so fashionable among modern gynæcologists, to render their treatment as efficient as that of the present day. But if they were wanting in the pessary mania of the present day, whereby each and every local operator, through some lucky twist or screw of some strange device, called uterine support, hopes to attain immortality—their patients were gainers. They also, as is seen, used the uterine sound for displacement as we do. And yet the uterine sound is a modern invention? Nothing equal to this chapter was again written for more than 1,500 years.

The directions given to the midwife to do this or that prove that it was not written by a midwife, but by a physician, most probably about the time of Hippocrates, when Aspasia, the celebrated mistress of Pericles, had made the name famous.

"*De uteri abscessus Archigenis.*"

"On uterine (pelvic) abscess, by Archigenes."

"The formation of an abscess in the uterus, as in other parts of the body, is preceded by inflammation. First, therefore, the signs of inflammation are apparent, then, about the time the pus is formed, the pains are increased and a fever with rigors, most violent in the evening, a tumor is developed, and the pains become more pungent; sometimes the urine and sometimes the fæces are retained, or both at the same time, but the seat of the pain will indicate the locality of the affection. Therefore, if it is not possible to discuss it, we must use such treatment as hastens suppuration. For this purpose we apply flaxseed meal, boiled figs, althæ root and turpentine made into a poultice. These poultices are applied to the hypochondrium and loins, while the vagina is constantly fomented by means of a sponge and vapors, by means of a reed inserted in a perforated covered vessel and carried into the vagina. Frequent hip baths should be used, composed of decoctions of such things as have drawing properties, such as pennyroyal, horehound, laurel sage, wormwood, dittany or centuary, but in cases where the patient is afflicted with more violent pain, we should apply poppy heads boiled, bruised, and made into a poultice, also raw figs rubbed up in a mortar with pine resin, turpentine, and a portion of niter may be applied. We may also use a suppository prepared thus: ℞ The fleshy pulp of figs, goose grease, oil of irini

aa℥ij; turpentine, ℥jss; rue, ℥ij; ungunt iridis nitri, aa℥iv; raisins may be substituted for the figs. Wool may be made into a pessary, dipped in warm oil of irini or cypress and introduced into the vagina; but the most efficient remedy for this purpose is a composition called Cyphoides, and previously described when treating of abscess of the liver, and likewise enneapharmacum, a preparation used for indurations, also poultices of goldcup and other substances of a like nature, also pessaries may be placed in the vagina saturated with oil of lilies or telis. Likewise the lower abdomen and pubis should be constantly fomented with some select decoction. Should the abscess break, if the pus escapes into the bladder, and is discharged with the urine, milk drinks and cucumber seed decoctions are prescribed, and cataplasms are used, composed of fragrant emollient substances. But if the pus passes into the rectum, and is discharged with the fæces, or by itself, we must throw up the bowels enemas of decoctions of pomegranate rind or mastich, but if it breaks into the vagina and the pus is laudable, injections of rose oil or tetrapharmacum with fresh butter and rose oil may be used, and the parts washed with decoctions of roses or mastich. But if a thin and fetid ichor like that from noma or phagedenic ulcer is discharged, more astringent injections must be used, such as are the decoctions of myrtle berries, palm, mastich and pomegranate rind. Moreover, if after the discharge of the humor, the inflammation should continue, we must persevere also in the use of the poultices and hip baths formerly described, and if the matter discharged is unequal, fomentations and hip baths of decoctions of horehound, vetches or mastich must be used, but the parts must be washed with barley water, with honey and rose oil added; at the same time the os uteri and anus should be anointed with rose cerate or butter, to which is added some dross of tin or lead, or foam of silver (lithrage), which may be mixed with breast milk, also lead water may be used. But if the discharge should become very offensive, the vagina should be washed out with wine and honey, and we must continue in the use of these until the cure is perfected.

"*Abscessus oris uteri chirugia.*

"On the surgical treatment of abscesses of the womb (pelvic abscess).

"If the abscess is situated about the mouth of the womb, so that surgical treatment can be used, we should not be in haste to open it too early, but wait until the disease is perfected by the greater increase of the inflammation, whereby the parts containing the pus are thinned. And then the woman is placed supine in a chair, with her legs drawn up upon the abdomen and her thighs separated, with her arms brought down under the legs and properly secured by a cord passing over her neck; she is then placed before a clear light, when the surgeon, seated by her right side, separates the pudenda with a speculum (dioptra) suited to the age of the patient, and makes an examination, and with a sound measures the length of the vagina so that he may not compress the uterus with the stem of a speculum longer than the vagina. And if it is found that the stem is greater than the vagina, rolls of wool should be placed upon the labia or sides of the pudenda, so that the speculum itself is made firmer. The stem should be introduced with the screw turned to the upper part; then, while the surgeon holds the speculum, the screw is turned by an assistant, so that by separating the blades the vagina is distended. When the abscess is exposed, if it is thin or soft to the touch, its apex should be opened with a scalpel or lancet, and after the pus is discharged a thin piece of lint dipped in rose oil is placed in the incision, or rather without the incision, in the vagina, without compression, but outside the labia pudenda, to the pubis and loins, washed wool, clean or saturated with oil, is placed. Then, on the third day, the patient is seated in a hip bath of warm water and oil, or a decoction of mallows, and having cleaned the parts, we introduce gently into the fissure of the incision lint spread with tetrapharmacum, either by itself or mixed with honey, but the tetrapharmacum should be diluted with butter or rose oil, and a poultice is kept applied externally until the abscess is free from inflammation or discharge. But, if there is difficulty in cleansing it, it may be washed by means of an ear syringe with decoction of iridis, and an ointment prepared from calomine or lardano, or burnt barley diluted with rose oil may be used until cicatrization is perfected. But if the abscess is within the uterus surgical treatment must not be resorted to, but the treatment previously related is to be pursued.

Commentary.—These excellent chapters on pelvic abscess by the distinguished gynæcologist of the first century, Archigenes, would do credit to any author now living, and for excellence of treatment, both medical and surgical, require no improvement. First, the accurate description of the nature, symptoms, and termination of the disease is followed by the medical treatment with poultices, fomentations, fumigations, and injections with wine, oil and water, into the vagina and rectum, with hip baths, astringent and antiseptic washes, with an accurate description of the most common discharge of the pus—into the bladder, into the rectum, and into the vagina—with a most appropriate treatment for each of these conditions, varied according to the various conditions of the abscess and its discharges. First, the surgical treatment, which opens with an aphorism that should be remembered, that the cure is not facilitated by too prompt a resort to surgery, but that we should wait for the abscess to become perfected, when it should be opened with a scalpel or lancet, and lint smeared with rose cerate introduced into the incision. The parts kept clean with injections by means of an ear syringe and aromatic and astringent washes. I candidly confess I could not improve upon the treatment. The next chapter treats of those cases where the abscess breaks into the abdominal cavity, which leaves nothing to be discovered by later researches. But what is of perhaps the greatest interest, and the one to which we wish to call especial attention, is the mention of the dioptra or speculum vaginæ, and the uses of the uterine sound as a diagnostic means, and while not intending to describe an instrument in common use, and with which he evidently supposed every one familiar—yet in his description of the

manner of using it, he has done so so clearly as to leave no tears for the arduous labors of Racemier and other modern geniuses in discovering or inventing it, while the uses made of the sound in this and other instances greatly lessen the labors of Sir J. Y. Simpson in learning how to apply it. To show the great ignorance even now prevailing as to the history of the speculum vaginæ, perhaps no better instances could be given than the statement of the learned Professor of Obstetrics at Glasgow, in the last edition of his most excellent work on midwifery, that the first indication of the speculum vaginæ is given by Ætius in a chapter, "De Fœtus Exsectione ac Extractione," which he takes from Philumenus. Now, there is no mention made of the dioptra in this chapter, and the instrument used for separating the external parts were, doubtless, just such as we use at the present day for a like purpose—bent spatulæ. It is but fair to Professor Lieshman to state that he does not say the speculum was used here, but first indicated; by which we are evidently to understand that the instrument itself was not yet known. Philumenus was, we believe, a writer of the second century; while the speculum was, as we have seen, not only indicated but of common use in the first century—no doubt, centuries earlier.

"De uteri obturatione.

"On obturation of the uterus.

"Obstruction about the mouth or neck of the womb may be either because of previous ulceration or from inflammatory induration by which the places are so greatly narrowed that they do not sufficiently admit the semen, or this being admitted is not retained, for from the callous hardness the uterus cannot contract; sometimes, however, the semen being admitted and retained within the narrowed os, a fœtus is begotten, but such conception becomes the cause of the pregnant woman's death, as from the extensive narrowing of the places the fœtus can not escape. For this condition hip baths of oil and water and decoctions of fœnugreek are administered, and the parts relaxed by cerates and emollient pessaries, prepared from œsypus, turpentine and niter. And when the parts are soft to the touch we should, for its sufficient dilatation, introduce a sponge tent (spongiam siccam) with a thread attached, and when this is removed, we may introduce a larger one, and for this reason it behooves us to have prepared many and different sized sponge tents. We should smear over the sponge tents with the following ointment: ℞ Red orpiment, dry alum aa℥j; yellow orpiment ℥iij; rub all up with honey and paint over the sponge tents before inserting. Wherefore if it is seen that the distension of the sponge tent has not sufficiently opened the place and inflammation has been produced, the tents may be covered with the following ointment: ℞ Iridis ℥ij: goose grease, turpentine, frankincense, oil of irini, wax, aa℥j; first the iridis, then the frankincense must be reduced to a fine powder, and then sifted; then the turpentine, goose grease, and wax with the liquid oil are added and all united together; then when the inflammation has subsided and the place is open the sponges may be covered with cerate, prepared from rose oil and goose grease. The use of which is continued until the parts are cicatrized, and the places made somewhat firm.

Commentary.—This chapter and the following one on imperforate uterus, is also from the distinguished gynæcologist Archigenes of the first century, and both the causes, narrowing from inflammatory induration and ulceration; and the effects, sterility, just such as are met with and given at the present day, while the treatment is just such as is daily practiced without improvement, while the display of this surgeon's gynæocological bag, with its marvelously perfect and varied sponge tents with strings attached for their more ready removal, is calculated to gladden us, at the same time to humble our vanity, that we have just now arrived at a point where he left off 1,800 years ago. Sponge tents in great quantities and of different sizes—and when the dilatation of one failed to open the part sufficiently, the introduction of a thicker one, and when by persistence in their use inflammation was excited, antiseptic preparations until inflammation has subsided, is just what we are now doing, and yet sponge tents are of modern origin, and owe their invention to the fecund brain of Sir J. Y. Simpson. How could such knowledge have been forgotten? Of course Simpson learned their use from the very chapters I am now quoting.

"De utera non perforato.

"On imperforation of the genital canal.

"Some women have by nature, (congenital), an imperfect genital canal; of this there are three kinds, for in some the obstruction is from a membrane or flesh springing up within the pudenda itself, or from the sides of the labia; in others it is in the vagina; in others the same obstruction is about the mouth of the uterus itself. Wherefore, to cure those in whom the membrane exists in the labia pudenda, we place them in the supine position, with their legs properly placed and their thighs separated, and dissect out the obstructing membrane with a scalpel until the shape of the pudenda has attained natural dimensions; after this we fill the divided section with a roll of lint, and fasten it there, then for the cure of the suppuration, we first apply poultices for several days, then we use lint saturated with rose cerate, and if, after the division, we discover the sides of the pudenda to be united by their fleshy parts, we break them up again, and dilate them by lint tents, and use the same treatment as before. The woman, after the operation, is placed upon her back with a pillow between her thighs until cicatrization is completed, but if while the external parts of the pudenda are open, the vagina is obstructed by the development of flesh in the place, so as to leave only a narrow opening, the woman being placed in the same position, we introduce a sound into the neck of the uterus for greater safety, that we may not through error, make the section too high, and thus we dissect within the places indicated by the sound, with a broad spatula, until it is seen that the vagina is according to nature, then the dissected sides of the flesh being distended with a vulsella, we cut around to a quadrangular shape. We then stand the woman upright that the fluids collected in the vagina may readily flow away. But when

this has been done sufficiently the patient is placed back in bed, as in the first position. We then place in the divided section a roll of lint wet with wine and oil, and to the extremity of which a thread is attached for its more ready removal, then, having properly bandaged the parts, we enjoin quiet; then on the following day we wash the parts with oil and honey, and a roll of lint dipped in medicine for suppuration is placed in the vagina, and when the parts are cicatrized a tin tube is introduced and secured in place until the parts are firm; but if the parts again unite together, so that the os uteri is again closed, I introduce a sponge tent until hardness has been induced; but if the membrane obstructs the mouth of the uterus itself, the woman being placed in the same position, and the vagina distended by the the introduction of a speculum, the membrane is seized by a vulsella and extended and twisted until it is all bound together in a cord, when it is cut off with a broad spatula, and sprinkled over with a preparation of dry flowers, and a roll of lint wrapped with a thread is introduced and the same treatment pursued as heretofore given. When any of the membrane may have been left, the cure may be completed with flowers, or with a medicine called psaro. For cleansing the parts lint dipped in this preparation may be used: wax, turpentine, goose grease, aa℥ij, iridis, frankinsence, aa℥j, saffron ℥iij, oil of irinis ℥xvj; rub up the iridum, saffron and frankincense with a pestle and mix with the liquids until liquified. But the speculum must be constantly used and the cavity not permitted to fill up with granulations, which the following preparation will prevent: ℞ Scales of copper rust, rust of copper, frankincense bark, aa℥ij, ground up, united and used; or copper rust and scales with lead water, may be mixed and used. But the use of sponge tents must not be omitted till hardness of the sides has been induced, also the introduction of the tin tube is to be continued.

Commentary.—Again this chapter from Ætius is evidently from the Marion Sims of ancient gynæcologists, and is manifestly only a fragment of a "Treatise on Operations upon the Vagina, by Archigenes." The first obstruction is an obturator hymen, which is properly treated; the next is an imperfect vagina in which Amussat's operation for the formation of an artificial vagina is anticipated by 1,800 years. The difficulties of preventing the parts again uniting and the canal again coutracting, are fully appreciated and very properly treated. Sims' vaginal dilator is used. It is thus seen that there is nothing new under the sun, and we, with all our boasted knowledge, are only now approaching the wonderful gynæcological knowledge of the ancients.

DR. WILLARD PARKER is eighty-three years old; Alonzo Clark, eighty; A. C. Post, seventy-seven; Isaac E. Taylor and Austin Flint, seventy-one, and Frank H. Hamilton, seventy. Some of these distinguished medical men are still in active practice, notwithstanding their great age.—*The Cincinnati Lancet and Clinic.*

MORPHIA AND ATROPIA BY HYPODERMIC INJECTION PREVIOUS TO THE ADMINISTRATION OF ANÆSTHETICS.

BY J. C. REEVE, M.D., DAYTON, OHIO.

The number of this journal for February 9, contains an article upon the above subject by Dr. Aubert, from the proceedings of the *Société de Biologie*, in which the modification of the action of anæsthetics by preceding injection of narcotics, seems to be presented as something entirely new, and his experience of the benefits resulting from it is detailed as if nothing similar had been heretofore given to the profession. The fact is that this mode of modifying anæthesia is more than twenty years old. It had its clinical birth under Nussbaum in 1863, and owes its establishment upon a scientific basis to Bernard shortly afterwards.[1] Since then it has been gradually making its way in practice. Its merits have been several times presented and urged upon the profession of this country by myself. First, in an article in the *American Journal of the Medical Sciences* for April, 1876; again in a paper read before the State Medical Society of Ohio, in 1878, and more lately, but very briefly, in the American edition of Holmes' Surgery (Vol, III. p. 556).

But the object of this article is not to claim credit for any merit in promulgating the doctrine of "mixed anæsthesia," rather to again direct the attention of the profession to it and to again urge its claims to confidence as a sure method of lessening the dangers of anæsthesia and of facilitating the administration of anæsthetics. I am impelled by the conviction that the method is not as generally known or resorted to as it deserves to be, a conviction strenthened by the appearance in a leading journal of such an article as M. Aubert's without any editorial allusion to the large amount done in the same line in this country and elsewhere.

In the papers above mentioned the theoretical arguments in favor of the method were presented, some interesting comparative cases detailed, and considerable clinical experience given. Theoretically, the arguments in its favor are the fact that atropia is a powerful stimulant to the cardiac and respiratory functions, as taught and demonstrated by Harley and Bartholow; and the obtunding and soporific influence of morphia, which lessens both physical and psychical excitement, and brings the patient to the verge of sleep before any anæsthetic vapor is inhaled. Clinically, the experience in favor of the method is quite large. My own extends far beyond that of Dr. Aubert, sixty cases. I have used it now for more than ten years whenever required, for operations of every kind severe enough to demand it, in patients of all ages. I have not in a single case found occasion to regret having resorted to it, nor seen a single bad symptom which could be attributed to it.

Desiring to be as brief as possible, I will first touch

[1] Lecons sur les Anæsthetiques et sur l'Asphixie.

on the leading points relating to anæsthesia by this method:

Safety.—This rests on the sound basis of the physiological action of medicines and on clinical experience. When it comes to speak in relative terms of the *greater* safety of this method, of course the vast experience upon which to base such a claim is wanting. Too often we see relative advantages claimed for some particular method of administering anæsthetics, based on the experience of a single administrator. Such a claim, viewed in the light of the rarity of accidents, and the widely varying experience of hospitals and armies, in which there have been large numbers of administrations, is simply ridiculous. There is one clinical point, however, to be urged in favor of this method, in regard to which there cannot be, I think, any question. It is its efficiency in lessening emotional excitement. Few of us, under the influence of almost daily use of anæsthetics, realize the momentous aspect the process assumes to the patient, especially to a nervous and impressionable female. Is not a feeble and depressed pulse a constant phenomenon at the beginning of the administration? and does it not gradually rise in force and volume as consciousness fades? The contrast, when a hypodermic injection has preceded, has been, under my observation, striking. There can be no question that deaths have occurred under anæsthetics from purely psychical causes, just as the patient shrieked and died when the surgeon drew his finger nail along the perinæum, to show the class where he would make the first incision in lithotomy. No more powerful means are at our command for allaying undue apprehension and its consequences than the benumbing and soothing influence of morphia.

Rapidity of producing anæsthesia, and smaller quantity of anæsthetic required.—It is only necessary for anyone to try this method a few times to be thoroughly convinced upon these points. I would rest a decision upon them to half a dozen observations by any candid person.

Absolute quiet of the patient.—This is a point of no mean importance; one alone sufficient to make the method worthy the attention of the operating surgeon. This feature is of especial value in all prolonged operations. Under this method the transition from profound to partial anæsthesia is not so rapid, and the patient does not so readily again begin to feel pain and move about. In some twenty cases of ovariotomy under this method, I cannot remember more than one in which a limb was moved during the operation; straps to bind the leg of the patient to the table, as used by some noted operators, are simply superfluous. Recently, I had a striking instance of the value of this point. The operation was for strangulated hernia, at night, with but one medical assistant, and he inexperienced and timid with anæsthetics. Having placed the patient, a female, under the influence, the sponge was committed to his care, while the dissection and sponging the wound was performed by myself. Anyone who operates under these circumstances will congratulate himself on having preceded the anæsthetic by a hypodermic injection of narcotics. My patient never moved, notwithstanding the irregularity and intermittences of the administration.

Upon two points my experience is not in accord with that of Dr. Aubert. I do not find that there is *absence* of vomiting upon awakening. I certainly believe that disagreeable symptom to be less in frequency and degree, but such a point is difficult to prove. To claim its entire absence would be to claim too much for the method. Decidedly, the patient does not awaken more readily after this method; the reverse is the truth, and I believe it to be an additional point in favor of the plan. And after awakening the patient drops off again easily, and passes hours in slumber or dozing under the influence of the narcotic, the pain of the operation soothed and assuaged.

For the benefit of those not having access to the papers published upon this subject, it may be stated that the amount generally used by me is seven to twelve minims of a solution of sixteen grains of morphia and one-half grain of atropia to the ounce of water. For very prolonged and severe operations the amount of atropia may be increased to advantage. Experience has taught me that *time* is an element of importance. Fifteen to twenty minutes should elapse between the administration of the hypodermic injection and the beginning of the administration of the anæsthetic. When the one immediately or soon precedes the other, the dangerous stage of excitement is *not* diminished.

Far the major amount of experience which has been published as to mixed anæsthesia, has been made with chloroform as the anæsthetic. What is here presented, and all my experience has been with the mixed vapors of alcohol, chloroform and ether, known as the "A C E" mixture: 1 part alcohol, 2 parts chloroform, 3 parts ether, by measure.

Those wishing further information upon the subject may consult, besides Bernard's work:

Recherches sur L'Anæsthesie Chirurgicale Obtenue par l'Action Combinee de la Morphine et du Chloroforme. Par H. de Brinon, Paris, 1878.

De l'Anæsthesie Mixte, ou de l'Emploi Combiné de la Morphine et du Chlorofome. These par Verriet-Litardiere, Paris, 1878.

An article by Mollow, of Moscow, a translation of which may be found in the *Revue des Sciences Medicales*, T. X.

MULLEIN IN ITS INFLUENCE ON THE BODY WEIGHT IN PHTHISIS.—Dr. F. J. B. Quinlan writes to the *British Medical Journal* of a case upon which he had before published a note, where the weight in pretubercular phthisis had increased from ninety pounds four ounces to 102 pounds twelve ounces, with corresponding benefit to the pulmonary symptoms, in a month's time. His further record of the case was to the effect that in a hospital with the advantages of the best country air and a very liberal dietary, the mullein being discarded, and cod liver oil, a tablespoonful morning and evening, substituted for it, the increase in weight during the second month was seven pounds eight ounces, as against the twelve pounds eight ounces under the mullein.

MEDICAL PROGRESS.

ANATOMY AND PHYSIOLOGY.

ABNORMAL DEVELOPMENT OF OLFACTORY NERVES.—The Paris correspondent of the *British Medical Journal* gives M. le Bec's recent communication to the Biological Society, of Paris. A woman died at the Hopital St. Antoine, from a surgical affection. The brain was removed for purposes of demonstration, and it was observed that the olfactory nerves were apparently absent. On the left side there was a nerve-stump, presenting the aspect of a small flat band, measuring eight millimeters in length and two wide. It rose at the spot where the roots of the olfactory nerves normally unite, was directed forwards, reached the inferior surface of the left optic nerve, adhered to it by means of the pia mater, and stopped abruptly. On the right side the olfactory nerve was still less developed, and was represented by a slight swelling of about the size of a pea of the gray substance behind the optic nerve, exactly on the spot where the olfactory nerve ought to exist. Backward, on a deeper plane, the olfactory nerve was represented by a gray band two millimeters long; this did not reach the optic nerve. The external roots presented an equal degree of development. The inner white root was detected with difficulty. The convolutions of the inferior surface of the frontal lobe differed from those of a normal brain. On the left side, where the nerve-stump existed, the olfactory sulcus was normally placed. On the right side, where the olfactory nerve was practically wanting, the olfactory sulcus was absent. The cribriform plate of the ethmoid bone was normal. During life the patient possessed olfactory perception as keenly as most people, enjoyed the scent of flowers, and especially disliked the smell of meat and fish. M. Mathias Duval examined the pituitary body, and discovered gray nerve fibers, apparently belonging to the olfactory nerve, which suggested the hypothesis that the olfactory nerve was reduced to fine filaments, which had adhered to the pia mater and had been removed with this membrane. This hypothesis indicates the advisability of preserving the pia mater and arachnoid membrane of the orbital surface of the frontal lobe, in order to examine it with the microscope.

MATERIA MEDICA AND THERAPEUTICS.

HYDRATE OF CHLORAL IN THE TREATMENT OF BLENORRHAGIA.—Dr. Lopez Rodrigues, of the Brazilian Navy, being attached to a vessel which was poorly provided with medical stores, was consulted by a sailor who was suffering from a very acute blenorrhagia, with hæmaturia; he had recourse to injections of chloral hydrate in the following manner: Hydrate of chloral, 4 grammes; water, 250 grammes; for three injections a day. Much to his surprise, there was a very rapid improvement, and on the fourth day the patient returned to service. He continued to use it in twenty-one cases, of which two were women suffering from acute vaginitis. Several of the cases were of long standing, having resisted previous treatment. In two cases there was a relapse, which yielded to the renewal of the medicine. The treatment is not painful. The first injections give a slight sensation of warmth.—*Unias Medica de Rio de Janeiro, and Gaz. Heb. des Sc. Medicales.*

PARALDEHYDE AS A HYPNOTIC.—Cervello was the first to produce this isomeric modification of aldehyde. After experimenting upon animals, he used it upon himself, by taking four grammes in solution in water in the course of an hour. It produced a desire to sleep without affecting the pulse or respiration, and without any headache. Using it afterwards upon others, he fixed the dose for women at 1 gramme, for strong, vigorous men at four grammes. The dose has been determined to be triple that of chloral. An adult can take ten grammes in divided doses without any bad effect. It is best given in aqueous solution with a little sugar, in the proportion of three per cent of paraldehyde.

After the publication of Cervello's observations others recorded their clinical experiences with the drug. Monselli has employed it in 350 cases of mania, melancholia, and neuropathies. Generally, he found three grammes sufficient to produce a sleep of from four to seven hours, which was induced in twenty to thirty minutes after its ingestion.

Perelti found paraldehyde to possess certain advantages over chloral in that (1) even in strong doses there is no danger from action of the heart; (2.) it has no convulsive effect; (3.) it produces sleep rapidly without any stage of excitement and without congestion; (4.) the awakening is not accompanied by any disagreeable symptoms. On the other hand, it possesses the disadvantages of (1.) a rapid tolerance, so that, much more than is the case with chloral, an increase of the dose is necessary; (2.) it communicates a persistent and very disagreeable odor to the breath; (3.) it is very expensive. This last objection has been in part overcome.

Berger has given it in eighty cases. In nineteen it produced, after ten to twenty minutes, a profound sleep of several hours; in forty-two the sleep lasted from one-half to three hours; in nineteen the result was negative. The inconveniences observed were rare and of but little importance—bad taste, nausea, vomiting, vertigo. The pulse was generally somewhat diminished in frequency; diuresis was also diminished. He prescribes it as follows:

℞ Paraldehyde, ʒj; mucilage gum acacia, ʒij; syrup of bitter orange peel, ʒj. To be taken as a dose.

He recommends its use where chloral is inefficacious.

Masius has used it for some time in his clinics. He finds the sleep produced by it to be beneficial and reparative, without leaving behind it any discomfort or headache. Some patients have complained of the bad taste of the medicine, and also of nausea and vomiting. When sleeplessness is produced by pain the paraldehyde has either no effect or affords but slight relief, and even in cases where there is no pain

the effect may be insignificant. He prescribes it as follows:

℞ Paraldehyde, 45 to 90 grains; aqua dist., ʒiij; syr. simplex, ʒv. To take at night in the course of a quarter of an hour.—*Le Progrès Médical.*

ON CERTAIN MEDICAL INCOMPATIBILITIES AND CONTRA-INDICATIONS.—M. Rabuteau presented some of his views on this subject to the Société de Biologie (Comptes Rendus) referring especially, first, to the incompatibility of iodide of potassium and sulphate of quinine. It is well-known that pure iodide of potassium is generally well tolerated in ordinary doses, and the same can be said of sulphate of quinine. But when these two drugs are given together, or at short intervals, even in medium or small doses, such as 1 gramme of iodide of potassium and 50 centigrammes of sulphate of quinine, a remarkable intolerance is created. This intolerance is marked by disturbances of the digestive organs and other more general symptoms. The indigestion consists in anorexia, nausea, vomiting, pain in the epigrastrium and colic. The general symptoms consist of anxiety, inexpressible discomfort, slowing and diminution of the pulse, pallor and general fatigue. These symptoms, more or less marked, recall perfectly those which occur after the ingestion of pure iodine or tincture of iodine when the iodine is precipitated in the stomach.

A mixture of iodide and iodate of potassium has long been recognized as unstable in the presence, as it gives off immediately free iodine. The same thing takes place with this mixture and the gastric juice on account of the acid which is there present. This is most striking when, after giving a dog a little bread, he is given a mixture of, say, potassium iodide 1 gramme, and potassium iodate 10 centigrammes, dissolved in water. He vomits the bread, which is colored of a violet blue by the free iodine. If he took either of these ingredients singly there would be no such effect.

So in this mixture of iodide of potassium and sulphate of quinine, it decomposes in the alimentary canal, not only in the stomach, but also in the intestine, where the secretion is also acid, notwithstanding what has been said to the contrary. Free iodine is liberated. The decomposition is a slow and gradual one, which accounts for the prolonged feelings of discomfort a day at least after the ingestion, which gradual process corresponds to the time required for its elimination by the successive processes of secretion and re-absorption.

Second.—Contraindications to the use of cinchona in the woman during the menstrual period. A case is referred to under this head of a young woman suffering from malaria, who took tincture of cinchona, or small doses of quinine—30 to 50 centigrammes in a little wine—when suffering from fever. On three occasions she took these medicines during her menstrual periods, and suffered severely in consequence from severe hypogastric pains and fainting. The heart beats were lessened in force and frequency so as to be imperceptible. The drug was not abandoned, but it was never again administered during a menstrual period, and these symptoms never recurred.

Dr. Sonsa Refoios gives a case where an infusion of quassia amara given during the menstrual period produced violent uterine pains, comparable to the pains of childbirth; placing in his argument quassine among the agents modifying innervation and myotilitis. It is capable, in fact, of producing convulsions. If quassia then is to be interdicted to women during their menses, the use of beer should also be interdicted, as its bitterness depends greatly upon substances of this class, notably the beer of Surinam, so called because there is substituted for the hops a quassia which bears the official name of wood of Surinam.

THE PHYSIOLOGICAL AND MEDICINAL ACTION OF HYDROFLUORIC ACID AND THE FLUORIDES.—Surgeon L. A. Waddell, M. B., the Resident Physician of the Medical College Hospital, of Calcutta, has an article on this subject, in the *Indian Medical Gazette*, which he summarizes as follows, in brief:

(1.) The corrosive action on glass by a few precautions can be overcome.

(2.) The topical action is attended by more acute pain than in other concentrated mineral acids. In contact with the skin, by combination with the lime, and other bases of the tissues, it forms a hard, horny sheath, under cover of which it continues to penetrate the deeper tissues till its energy is expended. On removal of the slough the resulting ulcer manifests a readiness to heal scarcely inferior to that produced by oil of vitriol.

(3.) Poisoning treated as with other strong mineral acids.

(4.) The fumes of the acid on inhalation provoke dyspnœa, and spasmodic cough, and if concentrated, produce intense bronchial and laryngeal irritation, with spasm of the glottis, convulsive cough, and in some cases speedy death. The inflammatory action seems to have nothing distinctive in itself; a powerful argument against its use in the treatment of diphtheria.

(5.) The alkaline fluorides are not absorbed through the skin.

(6.) The remote action of the alkaline fluorides is essentially similar to that of the dilute acid. The salts are to be preferred to the acid for ordinary medicinal use.

(7.) Fractional doses, after a time, slightly impair the appetite. Moderate doses induce nausea and tend to disorder the stomach. Large doses readily excite vomiting by direct action on the gastric mucous membrane. No vomiting occurs on subcutaneous administration of the drug, and free dilution diminishes the emetic tendency. No purgative action ordinarily attends the use of the salts even in large doses.

(8.) Nutrition is impaired by the prolonged ingestion of small doses of the alkaline fluorides or the acid, and this atonic condition is accompanied by slight loss of body-weight.

(9.) The amount of urea exereted in the urine is increased. The body-temperature is distinctly re-

duced, the pulse-rate somewhat slowed, and the arterial pressure slightly lowered?

(10.) The alkaline fluorides and the acid profoundly modify the constitution of the blood, producing an anæmia (oligocythæmia), the essential characteristic of which is that the corpuscles suffer a decrease out of all proportion to the hæmoglobin. With the provers, after a five-days' course of the drug, the general loss averaged about one-fourth of the total red corpuscles. The hæmoglobin is only slightly reduced in amount and at the same time the size of the red disc becomes slightly larger.

(11.) In the malarially enlarged spleen, where the function of disintegration of the red corpuscles is inactive, the exhibition of fluorine by stimulating this function reduces the total volume of the contained blood, and thus enables the muscular fibers (?) to regain their normal activity, and so contribute toward the further reduction of the enlargement.

(12.) Toxic doses affect frogs in a similar manner to warm-blooded animals.

(13.) Circulatory depression is a constant and characteristic effect of fluorine compounds. The cardiac contractions are slowed and weakened, and with poisonous doses the heart is arrested in diastole. The contractions are found to be arrested a considerable time before the contractility of the cardiac muscle to mechanical stimuli is lost. Under full medicinal doses the sphygmograph shows, after a time, a distinct reduction of blood-pressure.

(14.) Increased frequency of the respiratory act follows the injection of poisonous doses of the drug. The respirations soon become retarded, slightly irregular and evidently laborious. The respiratory difficulty increases, and the inspiratory efforts ultimately become convulsive (asphyxial) in character.

(15.) Even in the largest medicinal doses no narcotic effect, nor even drowsiness results. In toxic doses the pupils at first become slightly dilated, then afterwards markedly contracted. Voluntary movements cease only a few seconds before the final arrest of the respirations and general circulation. The medulla appears to be specially affected. The spinal reflex irritability persists throughout unimpaired. The voluntary muscles retain their electric excitability for some time after death.

(16.) The salivary secretion is very slightly increased, especially after large doses, which excite nausea. Bulk of urine slightly increased.

(17, 18, 19, 20.) Large, and even moderate doses cause such unpleasant symptoms as to make it difficult to keep up its use except in fractional doses; no use in epilepsy, harmful in phthisis pulmonalis, mitral disease and aortic regurgitation. Of benefit in rickets; no use in acute rheumatism.

(21, 22, 23.) Of use in soft vascular goitre, in plethoric states, such as gout, and for relieving vasaular fullness in the earlier stages of aortic aneurism. Reduces the chronically enlarged spleen of malaria readily, but do not prevent further enlargement resulting from fresh paroxysms of the intermittent. Quinetum or quinine fluorides the best. Iron fluorides of no value. Fluorine is contra-indicated in every case where grave adynamic symptoms are present.

Incompatibles, lime or lead salts, organic acids.

Dose: Of the acid, 15 minims in 2 drachms of a ½ per cent. solution of the alkaline fluorides; ¼ grain to 3 grains.

Iodoform in Its Influence on the Body Weight in Phthisis.—Dr. R. Shingleton Smith (*Bristol Medico-Chirurgical Journal*) gives a case of a man, aged 35, who used to weigh 172 pounds; six months before record weighed 152 pounds, one month before weighed 134, at date of record weighed 120 pounds with clothing. Phthisis pulmonalis was well established, and he was put upon iodoform, two grains every four hours for the first four days, weight 113 pounds without clothing; three grains every four hours for seven days, weight 113 pounds; six grains every four hours for a month, weight 110 pounds. Up to this time the improvement in strength and general condition had been marked, and the temperature ran from 98.6° to 99.2°. But now symptoms of iodoform intoxication appeared—weakness, vomiting, foggy vision, hallucinations. Drug stopped for four days, and renewed in three-grain doses for a week. The weight rose in that time from 109 pounds to 112 pounds. The renewal of the drug renewed the symptoms of intoxication, which had somewhat abated. It was again stopped for four days, and again renewed in three-grain doses, with cod liver oil ℥i three times daily. This was kept up for eleven days, with a gain in weight from 112 pounds to 115 pounds, with a temperature of 99°. It was then stopped entirely.

Dr. A. Ransome read a paper on this subject before the Section of Medicine of the British Medical Association (*British Medical Journal*), embodying the records of his experience with twenty-one complete cases in the Hospital for Consumption. He gave it in the form of a pill, one and one-half grains three times daily. It (the iodoform) caused so much nausea and disturbance of the digestive organs, that he combined it, to great advantage, with two grains of croton chloral. Of his twenty-one cases four were in the first, five in the second, and twelve in the third stage of the disease.

Of the four cases in the first stage, one gained two and one-half pounds in three weeks, the second two pounds in one month, the third gained eleven pounds in four months, the fourth *lost* eight pounds in three months.

Of the five cases in the second stage, the first was losing three pounds in a fortnight, he gained one pound in a fortnight, discontinued the drug, lost weight, gained slightly on its renewal, lost again on its omission; on its second renewal, improved and regained former weight, the second gained two and one-half pounds in ten days, third gained somewhat, fourth gained, fifth gained three and one-half pounds in the first fortnight.

Of the twelve cases in the third stage, two distinctly gained weight, six remained approximately at the same weight. The remaining four have all diminished in weight with more or less rapidity.

From a review of all the cases, Dr. Ransome is in-

clined to attribute to iodoform some slight improvement, even in cases in which it was manifestly hopeless to expect cure, and thinks that in the earlier stages of the disease it is decidedly worthy of further trial.

SURGERY.

A CASE OF PRIAPISM.—A. H. Boys, L.R.C.P., (*Bristol Medico-Chirurgical Journal*) records the case of a gardener, 65 years of age, who came to him suffering with persistent priapism of a week's standing, induced by irritation of the nates and gluteal region from unusual horseback exercise. He ordered a cold lead lotion with pot. bromid. grs. x internally every three hours. In five days there was no improvement. He then pricked the penis all over with a fine needle. Serum flowed abundantly. This, with constant hot applications, also failed to relieve the condition. Cold, in the shape of ice, and a mustard plaster to the spine, with tincture of belladonna x minims every three hours, were substituted and also failed. Finally, 15 days after its first occurrence, suppositories of one-half gr. of belladonna with a pill containing two grs. of iodoform, and one and one-half grs. of extract of conium, produced a decided improvement in three days, and perfect relief at the end of 3 weeks. There was a curious complication in the case on account of the stupidity of the patient. The belladonna suppositories were made large, and were to be inserted every four hours. On the third day after they were ordered, it was found, on complaint of the patient, that they pained him severely; that he had been trying to insert them into his urethra!

MEDICINE.

OCCURRENCE OF THREE INFECTIOUS DISEASES IN THE SAME INDIVIDUAL.—Dr. Prior, Assistant to the Royal University Polyclinic in Bonn, communicates to the *Deutsche Med. Wochensch.* a case in which three different infectious diseases occurred in the same individual in the space of one month. Three children were attended on Nov. 18 for well-marked scarlatina, with a temperature of 104° Fahr., copious eruption, and some difficulty in swallowing. Desquamation began on Nov. 21, and proceeded normally, only one child having slight renal symptoms, until on Dec. 1, the two younger were attacked with rigors, headache and malaise, and on the following day were covered with a thick eruption of varicella. On Dec. 3, in the absence of the mother, a child from the next room, intercourse with which had been carefully avoided on account of measles, was found playing with the child, and showed signs of measles next day. The first patients were now carefully watched, and on Dec. 13 the temperature was found to be raised, with photophobia and slight coryza; on the 15th the eruption of morbilli appeared. Its course was protracted, and caused some anxiety, but finally the child recovered. The cases show how the two poisons of scarlatina and varicella may be in the organism at the same time, and how measles may be conveyed by a two hours' intercourse in the prodromal stage, while the crusts of varicella are still present, the measles showing itself as soon as ten days later.—*The Medical Press and Circular.*

THE BRITISH MEDICAL ASSOCIATION MEETING AT BELFAST.—The fifty-second annual meeting of the Association will be held on July 29, 30, and 31, and August 1, 1844, at Belfast. The address in Medicine will be delivered by Sir Andrew Clark, Bart., M.D., F.R.C.P., Physician and Lecturer on Clinical Medicine, London Hospital. The address in Obstetric Medicine will be delivered by George H. Kidd, M.D., F.R.C.S.I., Master of the Coombe Lying-In Hospital, Dublin. The address in Physiology will be delivered by Peter Redfern, M.D., F.R.C.S.E., Professor of Anatomy and Physiology, Queen's College, Belfast.

Visitors coming from America to attend this meeting can travel by any of the following routes: 1. A Cunard steamer will leave (*a*) New York on Wednesday, July 16, arriving in Queenstown about the following Thursday week, July 24; (*b*) Boston on Saturday, July 19, reaching Queenstown the following Monday week, July 28. 2. A White Star steamer will leave New York on Saturday, July 12, and on Saturday, July 19; due at Queenstown about July 20 and 27. 3. An Inman steamer will leave New York on Tuesday, July 15; due at Queenstown about July 23. 4. An Allan steamer will leave Quebec on Saturday, July 19, arriving in Londonderry about the 26th or 28th July. 5. An Anchor steamer will leave New York on Saturday, July 19; due at Londonderry on July 29. Londonderry is 95 miles from Belfast, and trains run daily between the two places. The route from Queenstown to Belfast is from Queenstown to Cork, Cork to Dublin (165 miles by train), and Dublin to Belfast (113 miles).

MEETING OF THE INERNATIONAL CONGRESS AT COPENHAGEN.—The time of the meeting of the British Medical Association at Belfast has been fixed so as not to interfere with the International Medical Congress, which is to begin at Copenhagen on August 10. A steamer will leave Hull (England) on August 2 and 9 for Copenhagen; and on August 5 a steamer will leave Leith (Scotland) for Copenhagen. Both these places (Hull and Leith) can be reached on any day by leaving Belfast on the previous evening by the cross-channel steamers. Visitors after attending the meeting of the British Medical Association in Belfast will have ample time to travel to Copenhagen for the Congress.

Communications in reference to the meeting of the British Medical Association at Belfast to be addressed to the Hon. Local Secretaries, John Moore, M.D., Alex. Dempsey, M.D., John W. Byers, M.A., M.D.

IT has been estimated that the loss to the producers from hog cholera in1875 amounted to the enormous sum of 1,500,000.—*Louisville Medical News.*

THE

Journal of American Medical Association.

PUBLISHED WEEKLY.

THE EDITOR of this JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information, should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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SATURDAY, MARCH 1, 1884.

RUSH MEDICAL COLLEGE COMMENCEMENT EXERCISES.—The forty-first annual Commencement exercises of the Rush Medical College, Chicago, were held in Central Music Hall on the afternoon of the 19th of February, 1884, and were attended by a large audience, The regular members of the Faculty appeared upon the stage attired in long black silk gowns or robes, headed by Dr. J. Adams Allen, President of the college,and Bishop Fallows as Chaplain. After music and prayer by Bishop Fallows, the Secretary, Prof. J. H. Etheridge, read the annual report, from which we learn that the whole number of matriculants attending the college during the past year was 418, of whom 166, or about 40 per cent., passed the required examinations and received the degree of Doctor of Medicine.

The Secretary stated that for the first time in the history of the college,the Faculty required a preliminary examination at the commencement of the year just concluded. His analysis of the literary qualifications of the 166 candidates for graduation gave the number holding literary degrees 47; normal school and academic graduates, 12; graduates of High Schools, 28; registered pharmacists, 13; holders of teacher's certificates, 46; leaving 20 without any evidences of attainments, except such as were obtained by the personal examination. Although the reporters represent the Secretary as stating the number holding literary degrees to be 47, as printed on the programme, only 24 of the names have appended any titles indicating the possession of a literary degree.

As the commencement of this college year was the first time the Faculty had required a matriculate examination in regard to general education, it would have been an interesting statistical item if the Secretary had stated how many of the whole number presenting themselves, had been rejected for insufficient literary attainments. After the report of the Secretary, the degrees were conferred in the usual manner by the President of the college, Prof. Allen; and in addition to the 166 ordinary degrees, an honorary degree was conferred on Dr. A. L. Justice. A valedictory address in behalf of the class was given by Dr. D. S. McArthur, after which the regular doctorate address was delivered by Prof. Norman Bridge, chiefly on the progress of medicine.

The orchestra discoursed excellent music at suitable intervals in the progress of the programme, and the exercises closed with a benediction by Bishop Fallows.

In the evening the Faculty of the college gave an elegant banquet to the Alumni and members of the graduating class in the Grand Pacific Hotel. While the banqueting was in progress, the exercise was pleasantly varied by a presentation. Prof. J. Nevins Hyde, on behalf of President Allen, presented a life size portrait of the latter to the Faculty and College Trustees. The gift was accepted for the college by Prof. H. M. Lyman. The present was in commemoration of the twenty-fifth anniversary of Prof. Allen's connection with the college as one of the Faculty.

MEDICAL LEGISLATION IN VIRGINIA.—In a recent issue of the JOURNAL we noticed with pleasure and approval the enactment of a law by the Legislature of Virginia, establishing a State Board of Medical Examiners, and requiring all future applicants for permission to practice medicine in that State to undergo a satisfactory examination by the State Board, regardless of college diplomas.

We learn that the same Legislature has now before it a bill for appropriating an annuity of $7,500 to one of the medical colleges of the State, on condition that said college shall give *free* medical education to as many medical students annually as there are members of the Legislature (136), each member having the privilege of naming one student. This bill is bad in every respect. The idea of appropriating the public money derived from the taxation of the people, to give free professional education to the proteges of a legislative body, is positively vicious. The true line of justice and sound public policy, in regard to appropriating public money for educational pur-

poses, is so clearly stated by a non-medical writer, in a recent number of the *Lynchburg Virginian*, that we copy it entire, as follows:

"Wenotice a bill reported in the Senate, to grant an annuity to the medical school at Richmond, coupled with the condition of free tuition to as many students as there are members in the General Assembly.

"In the earnest absorption of the members with the multifarious work upon their hands, there is unusual danger, at the present time, that proposals of this kind may pass without the sifting scrutiny they should receive.

"We are in no sense hostile to the medical college; on the contrary, we desire to see it prosper, and become a great school of medical science. But we feel sure, that this measure does not tend to that result. If the medical college stands in need of a grant of public money to supply some essential need which cannot be otherwise attained, let such grant be made, after careful inquiry into the facts, to see that the purpose is one which justifies such application of the public funds. But we do object, out and out, to the proposal to make doctors at the expense of the State treasury. In other words, we hold that there is no sound principle on which the State should be called upon to give gratuitous professional education in the so-called learned professions. Normal schools for training the teachers of the public school system, stand on a ground to themselves. They are a preparation of the public servants for the most efficient discharge of their duties to the public, in their office. Not so with private professions. A private profession is simply a man's private business, by which he proposes to make a support for himself and his family. The public has no concern with it, beyond what it has with any other form of individual industry. It is, therefore, a misapplication of public money to give gratuitous professional education.

"If free instruction is to be given to young doctors, why not to young aspirants to the bar?—why not to clergymen?—to civil and mining engineers? If *professional* men of any class are to be furnished for their special business—equipped for their life work at State expense, why not have commercial and business colleges for clerks, and so on without end? The *principle is wrong*. Public education can be justified only on the ground that the citizen, by being taught the elements of education, is thereby better fitted to meet and discharge his duties to society *as a citizen*, in those functions which are common to all citizens. This reason utterly fails to apply to professions and professional education. They are *special*, and *individual*, by the very terms of the statement—and, therefore, outside of the reason which vindicates public school instruction for the masses.

"No one man has any claim on the public to be furnished with a business, or to be qualified for it, beyond every other man.

"Gratuitous professional instruction at the public expense, is, therefore, a violation of common right—and a misapplication of the public money.

"Besides this, one professional school cannot be placed in this position, without injury to all the others in the State—all ought to be on the same footing.

"Many other objections occur to us, which we have not space to develop. The movement seems to us to be wrong in principle; and in policy highly objectionable, for various reasons. We hope the General Assembly will not think of sanctioning it."

BIDDING FOR PRACTICE AND UNDERBIDDING.—A correspondent at Charleston, Mo., requests an answer to the two following questions through the pages of the JOURNAL:

1st. "Is it professional for a physician to propose to the authorities of a city or county to do the pauper practice of such city or county for a period of one year for a stated amount?"

2d. "If a physician had a contract of the kind just mentioned, would it be ethical for another to propose to the authorities for a sum less than the one having it, he knowing what the other was receiving for said work?"

While the National Code of Ethics contains no direct statement or rule regarding what has been called "contract practice," or offering to attend the sick poor of a city or county for a specified sum, the National Association has several times taken such action as would answer both the above questions in the negative. Sound principles of ethics, in other words, correct principles of professional conduct, undoubtedly require that all claims for pecuniary compensation should be based on two plain rules, namely, on the amount and kind of services rendered, and the rate adopted either by common consent or actual agreement by the profession practicing in any given locality. All propositions, either to families, corporations, city or town authorities, etc., to bestow ordinary professional services, either on the rich or the poor, for a specified sum per month or year, are clearly in violation of those rules. The second question involves so plain a proposition to *underbid* as to leave no doubt of its unprofessional character.

EXTRA COURSES OF INSTRUCTION.—The students in the Chicago Medical College are being favored during the present college term with some valuable instruction in addition to the usual full curriculum of that institution. Dr. J. S. Marshall is giving one lecture per week during all the last half of the collegiate year on the diseases and defects of the teeth and their appendages, which are listened to with much interest by the students. And Dr. H. J. Detmers has just closed a series of four or five lectures on such diseases of domestic animals as are liable to be communicated to the human species; in-

cluding glanders and farey in the horse; hog cholera, trichinosis, etc. These lectures were very valuable, and were listened to by the students with the greatest interest.

THE CHICAGO DENTAL INFIRMARY.—The Collegiate Department of this institution opened its second annual course of instruction on Monday evening, February 25, 1884, with encouraging indications of success.

NOTICE TO EXHIBITORS.—Manufacturing chemists, pharmacists, instrument-makers, etc., who wish space provided for their exhibition during the meeting of the American Medical Association, beginning May 6, should make application to Dr. D. C. Patterson, 919 I street, Washington, D. C., before April 1.

NEWS ITEMS.

CLINICAL CHARTS.—We note an advertisement in the *Medical Times and Gazette* of temperature and diet charts, drawn up by medical men of clinical experience, for use in hospitals and general practice. They are sold at the rate of $6 per 1,000, or 84c per 100, by Wodderspoon & Co., 7 Serle Street, Lincoln's Inn, London. We make this reference not with any desire to advertise the firm, but to call the attention of the profession in hopes a sufficient demand might be created to induce some of our own stationers to supply them. They certainly insure much saving of labor, preserve a correct record and furnish a valuable history for future reference at but little expense. It is surprising that we have never yet had a satisfactorily clinical case book issued for the use of the private practitioner.

THE MEDICAL SICKNESS, ANNUITY AND LIFE ASSURANCE SOCIETY OF THE BRITISH MEDICAL ASSOCIATION.—Some years ago this body (the B. M. A.) attempted a scheme similar to the heading of this note, and several hundred persons joined in the enterprise. It fell through from inanition. The claims made upon the funds were very few, and adequate means were not taken to make the operations of the society continuously well known and to keep it in active operation. In the end the whole of the funds were returned, and no loss was incurred by the subscribers. It has now been revived, and at the last session of the British Medical Association, documents were presented showing the written adhesion of upwards of 600 members of the Association to such a society in principle. A provisional committee was formed to consider the subject and prepare a definite plan for giving effect to the decision arrived at.

As a result it is proposed to start a society, the leading objects and general principles of which shall be as follows:

Sickness.—Payment during sickness incapacitating from professional duty of $10, $15 or $20 per week, reducible to half those amounts after twenty-six weeks' continuous sickness, the reduced rate to continue throughout the whole period of illness. After age 65, sickness pay to cease, and be replaced by absolute annuity.

Annuities.—The provision of annuities of $100, $150, $200 or $250 to commence at age 65, and be paid absolutely without reference to the health of the members.

Life Assurance.—Sums payable on the death of members of $125, $250, $375, $500, $625, $750, $875, $1,000.

Payment of all premiums to cease at age 65.

Members may join for the whole or any of the above assurances, and may relinquish, vary or retain any of them at pleasure.

The committee have power to pay a sum not exceeding 70 per cent. of the full surrender value on policies relinquished.

Members may at any time extinguish future contributions by the payment of a sum down.

The society will be managed by a committee and officers appointed by the members.

All funds and property of the society will be vested in trustees, and will belong absolutely to the members.

The management expenses will be kept separate, and are not to exceed 10 per cent. of the premium income.

The affairs and funds of the society will be examined and valued every five years, and the whole of any declared surplus or profits will be at the disposal of the members.

There are three tables given to show the quarterly premiums required up to the age of 49, copies of which may be obtained (free) of the Provisional Secretary, at the British Medical Association office, 161 A, Strand, London, W. C.

SOCIETY PROCEEDINGS.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, February 7, 1884. The President, R. A. Cleemann, M.D., in the chair.

A YEAR'S WORK IN OVARIOTOMY.

Dr. Wm. Goodell read a report of his cases of ovariotomy during the past year. Of these he had twenty-five, with seven deaths. Eleven of them were performed in the private rooms of the Hospital of the University of Pennsylvania, with one death. Ten were operated on at their own homes, with five deaths, and four at his private hospital, with one death. He attributed the majority of these deaths to three causes: First, that he made it a rule never to doom a woman to certain death by refusing to operate on her, however forlorn the hope of her recovery might be, and three of these fatal cases were very ill indeed at the time of the operation, from septicæmia and purulent cysts. Secondly, that the women of this country

being unwilling to go to a hospital, either insist on being tapped, which increases the risks of the radical operation; or else postpone the operation until the tumor has become very large, adhesions have formed and the health has become greatly undermined. Out of his twenty-five cases, he had but eight without adhesions, and one of these, a case of double ovariotomy, died at home, he not having seen her or treated her after the operation. Thirdly, that five of his fatal cases had been operated on at their own homes, which were so distant that he was able to see but one of them after the operation, and she did not rally, but died in eight hours, from the shock of the removal of an intra-ligamentous cyst, universally adherent. The fatal case at his private hospital was one of pelvic abscess bursting into the bladder. The operation was not a difficult one, although the lower portion of the cyst had to be separated from the two layers of the broad ligament by which it was enveloped. The sole fatal case out of eleven performed at the Hospital of the University was due to hospitalism. This he deemed a good record, for the building is used as a general hospital, with many railroad accident cases and suppurating wounds. In this hospital he always operated in one of the private rooms, where the patient was kept until all danger was over.

While acknowledging that his results were not so good as those of British ovariotomists, he said that, on the other hand, it was to be said in his favor that he never refused to operate on a woman, however slim her chances of recovery. He made this statement because, according to remarks made by Dr. Sutton at the last meeting of the American Gynæcological Society, Billroth is the only one among European ovariotomists who "refuses to operate npon nothing that deserves the chance of life," and his success amounts to about 65 per cent., whilst one of the most successful of British ovariotomists "does not remove very large tumors, viz.: those which weigh from 60 to 65 pounds, with extensive adhesions, etc."

Out of the twenty-five cases of ovariotomy, there were twelve in which both ovaries were removed. In all these cases, the second ovary was positively diseased. Yet with a larger experience he (Dr. Goodell) was becoming more and more inclined to remove both ovaries in all cases of malignant degeneration of one ovary; in all women who have passed the climacteric or who are approaching it, and in all cases complicated with fibroid tumor of the womb.

Finally, he referred to the fact that some ovarian cysts, although they may appear to the eye benign, show by their subsequent history that they are malignant; the woman dying a few months later from carcinoma of the pelvic organs, or at the site of former adhesions. Very unfortunately, there are no diagnostic criteria to indicate the character of such a cyst.

Dr. A. H. Smith feels that Dr. Goodell is hardly right in saying that in England desperate cases are rejected. In his own experience, while in England recently, several cases which were very desperate, and which would have been generally rejected here, were operated upon successfully, and were ready for discharge three weeks after operation. It occurred to him that the lower average temperature had much to do with the result. The thermometer is not allowed to rise above 65° F. in the room in which the patient is kept, and in Lawson Tait's cases it rarely goes over 60°, and never up to 65°. Perhaps this has a good effect in preventing hyperpyrexia. The English ovariotomists are also very careful in details, especially in preventing hæmorrhage, and use an immense number of hemostatic forceps. Ovarian cysts are remarkably common in London.

Dr. B. F. Dawson, of New York, upon invitation by the President, spoke of the English ovariotomists, and alluded to what he had himself seen, while on visits to England, as to very desperate cases being operated upon. His own late experience had been so good, that he was inclined to attribute it, as well as the good results of the English operators, to absolute painstaking in the most trifling details, with absolute cleanliness—not simply antisepsis, but the utmost care throughout every step of the operation. Among other things, a very large number of hemostatic forceps are used to secure each bleeding point the moment that bleeding commences. His own last six cases of laparotomy, performed this winter, two of which were very desperate in their character, have been successful, and the results he felt were largely due to the avoidance of any preventable hæmorrhage, and great care through all stages of the operation to prevent blood or fluid from the cyst escaping into the peritoneal cavity. This care is exercised throughout the "toilet of the peritonæum," and he always uses a flat sponge, as does Mr. Wells, inside of the abdominal walls, upon the intestines while introducing the closing suture, which is removed only when it becomes necessary to do so to twist the last wires.

He always uses napkins to fold over the edges of the abdominal incision, to prevent the oozing from the edges escaping into the peritoneal cavity or soiling the operator's fingers. He also enfolds the cyst in towels as it is withdrawn from the cavity, to guard against even a trace of fluid soiling the intestines or wound. He clamps the pedicle temporarily when possible, and places a napkin under the clamp before dividing and cauterizing it. Every adhesion that shows any risk of bleeding is cauterized as soon as it is separated, even when ligated. Douglas' pouch, especially, is sponged out until the sponges come away absolutely clean. In a recent very desperate case, one in which Dr. Emmett expressed his sympathy with him as to its almost certain fatality, the operation occupied two hours and forty minutes, owing to painstaking observance of the above details; and although half of the uterus was removed and adhesions were numerous, calling for many ligatures and frequent use of the cautery, yet convalescence was uncomplicated and speedy.

Dr. Goodell remarked that the quotation in his paper to which exception had been taken, referred to Mr. Tait. It was taken from a paper read last autumn before the American Gynæcological Society by Dr. Sutton, who was with Mr. Tait three months. He (Dr. Goodell) had seen about a dozen ovariotomies in Great Britain, and only one was a difficult case, and in that the patient died. There he had

seen patients refused on account of their age, while in this country they are not. Dr. Goodell had operated successfully in patients aged respectively 60, 61, 62, 64, 65, and 67 years, and some one in this city had a successful case in a patient over 83. Dr. G. had once operated upon a patient 76 years of age, of a long-lived family. This was before the days of antisepsis, and the patient died. He believes that minute attention to details is the chief element of success. One important point is to make the abdominal incision sufficiently large to see every adhesion as it is separated, and to ligate or secure immediately every bleeding point. This requires a courage which it took him years to attain. He always observes Spencer Wells' method of placing a flat sponge beneath the abdominal walls when introducing the closing sutures. He does not like wire, but always uses carbolated silk sutures, each eighteen inches long. After all have been placed, the ends are twisted together into one strand on either side, and caught in the bite of a pressure forceps. The lips of the incision are then widely separated, and a final search is made for any oozing, leakage, or accumulation of serum. They are then rapidly tied and the wound dressed. This final toilet of the peritonæum cannot be made when wires are used. He now believes in the use of a drainage tube, but he had hard work to bring himself to the point of accepting it, as he still looks upon the tube as a foreign body, a necessary evil. He had once seen death caused in a healthy man by the simple perforation of the peritonæum, without wound of the intestine, by a small stilette, and this had made him fearful of the effect of the presence of a drainage tube. But he now considered that the peritonæum, in the case of an ovarian cyst, has by thickening and attrition lost much of its vulnerability, and does not resent slight causes of irritation. He occasionally resorts to the actual cautery at a black heat to stop bleeding from torn adhesions, but he prefers the pressure forceps, the ligature, or the application of Monsel's solution. He thinks there may be some truth in Dr. Smith's idea concerning the effect of the low temperature of the operating and of the convalescent room. He was struck with the absence of ill results in one operation in London by Dr. Bantock, of which he had been a spectator. The day was cold, damp and foggy, and the operating room was chilly, the windows being open, but the patient promptly recovered. One case of his own, in which the extreme emaciation and prostration of the patient forbade postponement, was operated upon in severe winter weather; the steam pipes at the hospital had been frozen over night, and although they had been thawed out, the temperature of the operating room was only 54°. In this case the cyst had contained colloid matter, and had burst spontaneously; all that could possibly be removed was scooped, sponged and washed out. Much remained behind, yet the patient recovered and afterward became quite fat. This operation was performed three years ago; both ovaries were removed, but another tumor can now be discovered in the abdomen. The patient being fat, and also very sensitive, it is not possible to determine accurately its character, but he hopes it is a pedunculated fibroid of the uterus, and not a malignant tumor.

Dr. Dawson requested Dr. Goodell to give his opinion respecting the management of the drainage tube, and of the importance of the spray.

Dr. Goodell, when operating in private houses, has begun to dispense with the spray. Carbolic acid spray poisons some patients, and he, being afraid of it, only uses it when he does not consider it safe to omit it, as, for instance, in a general hospital, or when there are many spectators present. The year before last he lost one patient from its use; she had contracted kidneys. Only last week, in a case operated on in the hospital of the University, the patient was profoundly affected by it, and was with difficulty restored by means of digitalis, stimulants, etc. When he omits the spray he uses the drainage tube more frequently. If he finds in Douglas' pouch, after the sutures have been placed and the sponges removed, two or three drachms of bloody serum, and the source of this oozing cannot be found, he inserts a drainage tube; and he also uses it in all cases where there has been peritonitis, or when septic symptoms are present from a purulent cyst. Over the mouth of the tube he springs a piece of rubber sheeting, which is folded over a sponge squeezed out of a five per cent. solution of carbolic acid. The sponge is examined and squeezed out every few hours, and the tube moved slightly to clear the openings and allow any accumulation of serum to escape. As soon as a moderate amount of serum escapes without any tinge of blood the tube is removed. This generally happens within forty-eight hours, but in one case it was necessary to allow it to remain five days. He never irrigates the abdominal cavity, but he sometimes introduces the long nozzle of a hard rubber syringe into the tube, and draws out any serum that may have accumulated. When he operates in the country, and leaves the patient in the hands of the family physician, he tries to avoid the use of the drainage tubes as much as possible.

Dr. Dawson had given some attention to the question of the drainage tube. In New York two deaths had recently happened after ovariotomies, and in each case the surgeon had ascribed the fatal termination to the too early removal of the tube. Soon after these unfortunate cases he had operated and been obliged to use the drainage tube; on the second and third days after the operation the serum exuding from the tube was bloody. On the fourth day it was pure serum. The patient was doing well, and Dr. Dawson concluded to let well enough alone, and, with the result in the two other cases before him, allowed the tube to remain. He used a wire with a pledget of absorbent cotton attached to the extremity, to soak out the accumulated serum, and continued to use fresh pieces until they came away clean. The tube was evidently being walled in by a deposit of lymph around it. On the sixth day, after finding very little serum, the last pledget of cotton brought away a little yellow spot that might have been either lymph or pus. That night he discovered another trace of the same appearance, and the microscope showed it to be pus. The next day the discharge was fetid. A

salt-spoonful of iodoform was put into the tube every time it was cleaned, and on the tenth day it was removed, and a roll of absorbent cotton saturated with iodoform was put in its place. This was replaced in a few hours with another, until all signs of pus ceased. The opening closed in forty-eight hours. The patient recovered. He would like to ask if Dr. Goodell had ever regretted removing a drainage tube too early? Is a drainage tube more of a foreign body on the third or fourth day than it is on the first?

Dr. W. H. Parish had recently performed abdominal section for the removal of a fibroma of the uterus. In this case he used a drainage tube, although he was not able to pass it down into Douglas' pouch. On the third day he noticed that the serum escaping from the tube was cloudy and had a slight odor. On the fourth day the odor was quite objectionable, and as the tube had evidently become separated from the abdominal cavity by the formation of a canal of lymph around it, resembling in appearance diphtheritic membrane; he decided to withdraw the tube. He washed out the canal with a two per cent. solution of carbolic acid. The canal soon closed and there was no return of the offensive odor.

Dr. Goodell could not recall the loss of a case after the removal of a drainage tube. He has had, however, a number of deaths while the tube was still in position, but that meant simply that the cases were complicated and difficult ones. Was not the tube itself the cause of the pus in Dr. Dawso' 's case? Air containing germs was of course admitted into the tube in the cleaning out process, and these germs would cause decomposition of the lymph. Might not also the tube, acting as an irritating foreign body cause pus? He introduces a stitch in such a manner, beyond the drainage tube, as to make tension of the skin around the tube, and this closes the opening as the tube is withdrawn. He has occasionally followed the removal of the glass tube by the introduction of a rubber one of smaller caliber, but he has discontinued this practice, believing the glass tube to be the least irritating.

Dr. W. H. Baker reported for Dr. Walter F. Atlee a case of abdominal section. Mrs. E. C., of Erie, Pa., was brought to this city by Dr. Edward Cranch. She was forty-five years of age, married, but had had no children. Her menses were regular and very abundant. She was a stout woman, in excellent health. Four years ago she first noticed the tumor in the center of the abdomen. Dr. C. reports that the probe enters the womb the normal distance only.

Diagnosis.—A multilocular cyst with thick walls and very glutinous liquid, or a fibroid tumor of the uterus. The sense of fluctuation was not distinct.

Operation.—Feb. 4, after the usual preparation, cut down, found a solid tumor, opened it, took out as much as possible of the contents, and got out the envelopes; the incision was about five inches in length. The tumor grew from the fundus of the uterus. It was transfixed, tied and dropped. The patient never rallied after the operation, and died on the 6th of shock. There was no hæmorrhage. The operation was all over in twenty-five minutes.

Dr. R. P. Harris saw the patient prior to and assisted in the operation. The lady had an appearance of health, was quite robust, and there was nothing in the contour or expression of her face indicative of ovarian cystoma. In a conversation with her sister and family physician, he learned that the diseased growth was first noticed by this sister, who remarked upon the central prominence of the abdomen of the patient, who was at the time lying on her back on the floor, engaged in playing with a little child. When the attention of the patient was directed to the fact that her abdomen presented a central elevation even when flat upon her back, she readily detected the presence of something abnormal. Dr. Harris remarked to the physician that the history of the case indicated the existence of a tumor at the fundus uteri. When the morbid growth was exposed it did not present the appearance of an ovarian cyst; neither did percussion indicate the presence of fluid prior to incising the abdomen, except by a surface wave. There was no wave transmitted from hand to hand. The surface wave was found due to some ascitic fluid. As no fluid escaped by tapping, the tumor was opened and its contents torn away in pieces, so as to reduce it sufficiently, when it was drawn through the wound, ligated at its union with the fundus uteri, and cut away. During the shelling process a considerable loss of blood took place, and the appearance of the patient was that of great prostration. The tumor had no pedicle, being sessile in its attachment to the uterus.

W. H. H. GITHENS, Secretary.

STATE MEDICINE.

REPORT OF THE FIRST MEETING OF THE OHIO STATE SANITARY ASSOCIATION.

The first annual meeting of the Ohio State Sanitary Association was held in the Board of Trade room, Columbus, Thursday morning, Feb. 14. The meeting was called for ten o'clock, but it was nearly an hour later when Dr. J. F. Baldwin, of Columbus, rapped for order, and nominated Dr. Wm. Morrow Beach, of London, as temporary chairman. By this time about twenty members had come in, the high water having detained many; but before moving adjournment, the room was quite comfortably filled with physicians and scientific men from all over the State. The object of the meeting was to educate the peopeople by the diffusion of a more thorough knowledge of the laws of health, and the best means to be adopted for the prevention of all preventable diseases, and, finally, the securing of proper and wise legislation for the support of the same.

After the selection of Dr. Beach as temporary chairman, Rev. Dr. W. E. Moore, of the Second Presbyterian church, led in prayer, and Dr. R. Harvey Reed, of Mansfield, was chosen as temporary secretary.

In accordance with arrangements, Dr. Baldwin delivered an address of welcome, in which he re-

ferred to the sad effects of the sewerage system of this State upon the public health, and set forth a number of important topics which he deemed of importance, and which he thought should receive the attention of the student of sanitary science.

The response to Dr. Baldwin's address was made by Prof. John Simpson, PH.D., Superintendent of Mansfield Public Schools. He advocated a more thorough and general education in sanitary science, believing that a more widespread knowledge of hygiene would have a wholesome effect on the public health, and would prevent many common abuses. "Were a sound body the rule instead of the exception," he said, "the condition of the race would be materially improved in this age of stupendous progress."

The Chair, at the close of the address, appointed the following Committee on Permanent Organization: Drs. J. F. Baldwin, Columbus; X. C. Scott, Cleveland; E. H. Hyatt, Delaware; G. S. Franklin, Chillicothe; C. A. Lee Reed, Hamilton.

Dr. Beach, of London, temporary chairman, read an interesting paper on the "Importance of Sanitation." The production displayed a very intimate acquaintance with the history of sanitary science. It reviewed at considerable length the history of the plagues that swept over Europe during the Middle Ages, giving a general idea of their severity, and some of the mediums through which pestilence is spread. Dr. Beach is not in favor of fumigating bedding and other clothes after the poison of pestilence has once been retained in them, but thinks the physician should enforce positive sanitary precautions by having the articles burned. The history of quarantining against the epidemics of cholera and yellow fever was run over, and the doctor expressed himself as in favor of it. The paper closed with an eloquent peroration.

On motion of Dr. Reed, of Mansfield, it was decided to give a reasonable time after the reading of each paper, for the general discussion of the same.

Dr. C. M. Finch, of Portsmouth, being absent on account of the high water, the "Plea for the Organization of a State Board of Health," which was to have been presented by him, was necessarily omitted.

Dr. J. F. Baldwin read a letter from Dr. James E. Reeves, of Wheeling, Secretary of the West Virginia Board of Health, who was expected to address the present convention, but who said that he must cancel the engagement, as he was needed at home to help take care of the people rendered destitute by the flood, at the same time expressing his regrets at being unable to be present at the meeting, and wished it abundant success.

On motion of Dr. G. S. Franklin, Dr. Reeves' letter was accepted, and the regrets of the Association extended to him in return.

A valuable paper was presented by Dr. G. S. Franklin, of Chillicothe, on the subject of "Abattoirs," in which he expressed himself as in favor of placing the control of all slaughter-houses in the hands of Boards of Health.

The Association then adjourned until 2:30 P. M.

The first thing on the programme for the afternoon was a paper on "Drainage and Water Supply," by Professor E. H. Hyatt, M.D., of Delaware. Dr. Hyatt, however, said he would willingly give his time to the discussion of the Scott bill, and the society accepted the offer.

Dr. Scott, of Cleveland, the champion of the bill, then took the floor, and explained that it was a bill "to establish Boards of Health and Medical Boards of Examiners and Licensers, and regulating the practise of medicine and surgery in the State of Ohio, and defining the powers and duties of such boards," which he read, section by section, after supplying most of the members with a copy of the same. A spirited discussion followed, the unanimous sentiment, however, seeming to be in favor of the passage of the bill. Those gentlemen taking part in the discussion were Prof. E. H. Hyatt, of Delaware; Dr. Conklin, of Dayton; Dr. McCurdy, of Mahoning County; Dr. Reed, of Hamilton; Dr. Baldwin, of Columbus; Dr. Silver, of Sydney; Dr. Reed, of Mansfield; Dr. Beardsley, of Ottawa; Dr. Beckwith, of Cleveland; Dr. H. J. Sharpe, of London; and Dr. Franklin, of Chillicothe. No one spoke against the bill, but a number of suggestions as to how it might be changed with benefit were offered.

Dr. McCurdy feared that too much power might be given to the State Board of Health; that they might interfere with the work of local boards in matters of ventilation of public buildings, etc., and with the mine inspector in the matter of ventilating mines. It was the bill, however, which he had seen.

Dr. Reed, of Hamilton, suggested that, as the bill as now drawn up provides for a board who shall have the duties and powers of a Board of Health and of a Board of Examiners, the matter might be divided, and the question of constituting the two bodies submitted separately. This objection and another which was made were met with the answer that the Board of Medical Examiners would more than meet their expenses, and that part of their expenditure as a Board of Health would also be covered, thus entailing less cost upon the State than any other board.

Dr. Baldwin suggested that it was not desirable to create any more boards than there now are, and that the County Infirmary Board, receiving pay, could be pressed into service in the local organizations. The infirmary physician could then be utilized as the officer of the board.

Dr. Scott raised a counter objection that county physicians are generally "cheap Johns" of the profession, and would not be desirable in this connection.

Dr. Reed, of Mansfield, referred to an objection which he had heard raised against the bill, in that probably the disciples of one school would, if on the board, be compelled to sign certificates of applicants belonging to the other school. He suggested that when a new school man appeared for examination his certificate, if he passed, should be signed by the new school men alone on the board, and if an old school man by the members of he old school.

To this Dr. Beckwith, of Cleveland, made a perfect answer, saying that he, as a homœopath, was not afraid to stand the examination of the board, and

that he did not desire anyone who was afraid to stand the test to be allowed to practice as a member of his school.

There was considerable talk over this subject, and the matter was finally settled by Dr. Scott stating that it was the intention of the bill to require the signatures of the President and Secretary of the board to the certificates.

On motion of Dr. Reed, of Mansfield, it was decided to close the discussion, and appoint a committee to confer with Dr. Scott in making the necessary amendments to the bill, which should include the Chairman as a member of said committee, which consisted of the following gentlemen: Drs. Beach, of London; Scott, of Cleveland; Conklin, of Dayton; Beckwith, of Cleveland; Beardsley, of Ottawa; Baldwin, of Columbus; Franklin, of Chillicothe; Jones, of London, and James Allison, Esq., of Cincinnati.

Dr. Hyatt having given way to the discussion of the Scott bill, it was decided to have his paper in the morning.

The regular business was then taken up, and Dr. John McCurdy, of Youngstown, read a paper on "The Sewerage and Water Supply of Youngstown." He said the Youngstown people are using the Holly water system, and the large brick sewers, which (the sewers) have cost them nearly $200,000, and, notwithstanding this great expense, were a failure from a sanitary point of view. In the general discussion, the small sewer, which could be easily flooded, was unanimously considered the best, and which in towns of 10,000 seldom ever needed to be over 6 inches, except in the mains, which rarely needed to exceed 18 inches, and could be put in with much less expense.

Mr. James Allison, a delegate from the Master Plumbers' Association, of Cincinnati, read a voluntary paper on "The Plumber in His Relation to Sanitary Progress as Viewed from the College of Practice." This paper was one of the best of the meeting. The convention, after hearing Mr. Allison's paper, adjourned until evening.

The evening session was held in the House of Representatives, commencing at 8 o'clock. There were about 100 persons present, among them being a number of members of the General Assembly. Dr. Beach took occasion to return thanks for the use of the hall, and called for the first paper of the evening, the opening by Prof. Starling Loving, M.D., of Columbus, of a discussing on the resolution, "That Legalized State Sanitation has Become a Necessity in the State of Ohio for the General Protection of its Citizens." He held that thousands of deaths occur annually from preventable diseases, and referred to the Secretary of State's Report to substantiate his statements. These deaths, he argued, were a direct loss of many millions of dollars to the State, and some legislative action should be taken to prevent them. He favored the appointment of a board of competent physicians to examine all medical college students, and also a State Board to take charge of sanitary affairs.

Discussion of Dr. Loving's paper was open, and Dr. John McCurdy, of Youngstown, and Dr. Reed, of Mansfield, took part.

Prof. W. J. Conklin, M.D., of Dayton, read a paper on "The Influence of Public Schools on Brain-Building," which did not elicit discussion, from the fact that the statements coincided with the views of most members present.

The Association, after the reading of Dr. Conklin's paper, adjourned to meet in the Board of Trade rooms at 9 A. M. Friday.

The meeting was called to order by the President at 10 A. M., after which the Committee on Permanent Organization made the following report: President, Wm. Morrow Beach, M.D., London; First Vice-President, Prof. Edward Orton, Columbus; Second Vice-President, Prof. Nelson, Delaware; Third Vice-President, Hon. L. D. Brown, Hamilton; Secretary, R. Harvey Reed, M.D., Mansfield; Treasurer, Prof. John Simpson, Mansfield. Executive Committee, which, ex-officio, includes all the Presidents and Secretary, together with Prof. Starling Loving, M.D., Columbus; H. D. Beckwith, M.D., Cleveland; Prof. W. J. Conklin, M.D., Dayton; Prof. E. H. Hyatt, M.D., Delaware. Committee on Publication: R. Harvey Reed, M.D., Mansfield; J. F. Baldwin, M.D., Columbus, and Geo. A. Collamore, M.D., Toledo. Committee on Legislation: Wm. Morrow Beach, M.D., ex-officio, London; X. C. Scott, M.D., Cleveland; C. S. Van Pelt, M.D., Toledo; S. C. Minor, M.D., Cincinnati; J. R. Flowers, M.D., Columbus, and C. M. Finch, M.D., Portsmouth.

The report of the Committee on Permanent Organization was adopted, and the committee discharged.

The committee also reported a constitution and by-laws, which was read and adopted. The name of the organization is to be "The Ohio State Sanitary Association," and its object the general advancement of sanitary science, and the encouragement and promotion of local organizations throughout the State. The membership will be of two kinds, active and honorary. Active members shall form the body of the Association, and shall be selected with special reference to their interest in sanitary and allied studies. Honorary members shall be selected with reference to their general interest only in the work in hand. The association will meet at least once a year in the month of February, and unless some other city is mentioned it will meet in Columbus.

Prof. Curtis C. Howard, professor of chemistry in the Starling Medical College, read a paper on impurities and adulterations of milk, the result of a series of examinations of the milk of the Columbus market. The professor thought there was little adulteration in the way people generally suppose. As for chalk, it is insoluble, and if mixed in clear water it will be turbid for a time; but after standing a while all the chalk will settle and the water will become clear again. So also with brain matter, which some claim to have found in milk; it could not be put in without spoiling the whole of the milk. Water, however, may be added *ad infinitum*, and the quality of the milk will be in inverse proportion to the amount of

water used. The professor exhibited a chart which showed the result of his work.

The next paper was read by Prof. D. N. Kinsman, M.D., of Columbus, on "Some Reasons for the Establishment of a Board of Health." He called attention to the amount of disease arising out of ignorance of the causes of disease. Every section of country has its particular industry and each industry has its peculiar diseases. How to prevent them should be the work of the board. He referred to the importance of obtaining accurate vitality statistics, and thought a good board could do this work in a way not done as yet.

Dr. S. H. Smith, of Warren, was on the programme to read a paper on "Diphtheria," and Dr. J. W. Craig, of Mansfield, a paper on "Tobacco from a Sanitary Point of View." Both of these gen- were absent, and, on motion, a paper on "The New Fashion," by Prof. C. A. Lee Reed, M.D., of Hamilton, which had been assigned, was read in the place of these. The paper referred to the absence of athletic sports among the people in general, and hailed what seems to be the approach of an era when the pell-mell, hurry-skurry of American business life will be broken into a fair amount of refreshment and rest.

Dr. Lew Slusser, of Canton, read an able essay on "Vital Statistics," a paper illustrating the great need of correct vitality reports.

The remaining part of the morning session was taken up by Dr. Beckwith, of Cleveland, who read a paper on "Sewers and Sewer Gas." After fixing the time for hearing the paper of Prof. Orton for the first hour of the adjourned session, the Association adjourned.

F. H. Darby, M.D., of Morrow, who had prepared a volunteer paper, but could not be present, sent his regrets along with his manuscript. The paper was read by the Secretary in the afternoon. The subject of the essay was: "Blood-Poisoning from a Sanitary Standpoint." The only other paper on the programme was that of Prof. Edward Orton, of Columbus, on "What shall be done with our Sewerage and Garbage?" which at the special request of Prof. Orton was laid over until next year, as recent illness had prevented him making the desired preparation on such an important subject.

President Beach made a few fitting remarks, in which he expressed his surprise at the unexpected success of the meeting, and the great interest manifested by all in attendance, together with the high quality and marked preparation shown in the numerous papers, which were generally followed by spirited and interesting discussions.

After the President's address it was moved by Dr. Reed, oi Mansfield, to adjourn, to meet February next, in Columbus, at a time to be designated by the Executive Committee.

Wm. Morrow Beach, M.D., Pres., London, O.
R. Harvey Reed, Sec., Mansfield, O.

According to Dr. Billings, of 1,000,000 colored infants born (in Baltimore) one-half will have perished before attaining the age of two years.

HEALTH IN MICHIGAN.

Reports to the State Board of Health, Lansing, by observers of diseases in different parts of the State, show the principal diseases which caused most sickness in Michigan, during the week ending January 5, 1884, as follows:

NUMBER OF OBSERVERS HEARD FROM, THIRTY-NINE.		For preceding week.
DISEASES ARRANGED IN ORDER OF GREATEST AREA OF PREVALENCE.	Per cent. of observers who reported the disease present.	Per cent. of observers who reported the disease present.
Neuralgia	77	65
Bronchitis	62	70
Influenza	59	63
Rheumatism	59	60
Intermittent fever	54	63
Tonsillitis	54	63
Consumption, of lungs	51	53
Pneumonia	44	44
Remittent fever	33	30
Erysipelas	26	26
Whooping-cough	23	21
Diarrhœa	23	26
Diphtheria	18	14
Inflammation of kidneys	15	26
Inflammation of bowels	13	12
Typhoid fever (enteric)	8	9
Scarlet fever	8	9
Dysentery	8	0
Measles	5	7
Inflammation of brain	5	7
Cerebro-spinal meningitis	5	0
Puerperal fever	5	5

For the week ending January 5, 1884, the reports indicate that neuralgia and dysentery increased, and that inflammation of the kidneys, tonsillitis, intermittent fever, and typho-malarial fever decreased in area of prevalence.

At the State capitol, the prevailing winds during the week ending January 5 were northeast; and, compared with the preceding week, the temperature was considerably lower, the absolute humidity less, the relative humidity and the day ozone considerably more, and the night ozone the same.

Compared with the average for the month of December in the preceding six years, diphtheria, remittent fever, pneumonia, consumption, and typho-malarial fever were less prevalent in December, 1883.

For the month of December, 1883, compared with the average of corresponding months for the five years, 1879-1883, the temperature was slightly higher, the absolute humidity the same, and the relative humidity and the day and night ozone less.

Including reports by regular observers and others, diphtheria was reported present during the week ending January 5 and since at fourteen plaaes, namely, Adrian township, Burt, Calumet, Delta, Detroit, Farmington, Grand Rapids, Holly, Ithaca, Monroe, Northville, Niles, Owósso, Pontiac. Scarlet fever at nine places, Adrian township, Allen Creek, Colfax, Detroit, Grand Rapids, Jefferson, Monroe, Orleans, Washington. Measles at two places, Detroit and Owosso. Small-pox was reported in Orleans township, January 2, 1884.

Henry B. Baker, Secretary.

Lansing, Jan. 9, 1884.

DOMESTIC CORRESPONDENCE.

TO THE EDITOR OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION:

In the JOURNAL for February 16, 1884, there is an editorial on the subject of the new medical law of Virginia. The writer of the editorial says that one of the "legitimate objects to be accomplished by legislative enactments for regulating the education and practice of the medical profession, should consist of a simple provision by which the certificates of similar bodies in other States should be recognized, so as to maintain a comity of rights and interests between the States."

That such a recognition of the certificates issued by the Board of one State by the Board of another would be very desirable, there can be no question; but so long as the Boards differ so widely in their requirements as they now do, I do not see how such recognition could be made. For example, in many of the States all that is required is that the candidate should be a graduate of some respectable medical college, the question of respectability being left to the discretion of the Board. In other States—California, for instance—there are two, or possibly three, examining Boards, one representing the regular profession, one homœopathic, and probably one eclectic, though I am not sure on this latter point. When in California a few years ago, I was told by a member of the regular Board that most incompetent men had been passed by the homœopathic Board of that State. Now, would it be reasonable or proper for the Alabama Board, for instance, which is admirably constituted, to "recognize" the certificate of a physician coming from California, without subjecting him to an examination?

As a member of the committee which framed the Virginia law, I do not hesitate to say that our object was not only to put down notorious quackery, but to check that more dangerous, because less conspicuous, ignorance which is concealed behind a diploma of some medical college whose standard is wretchedly low. To do this it was necessary that every applicant for practice, whether a graduate or not, should be required to pass a satisfactory examination before a board of examiners, and it was with reference to this point that the committee had most trouble, an effort being made to allow any man having a diploma from any college to practice without standing an examination.

The medical colleges in the United States are so numerous now, and the competition for students so great, that the temptation to lower the standard required for graduation in order to attract students, becomes almost irresistible, and in view of this fact, the desirability of having an examining board in each State entirely independent of the colleges becomes apparent. Then, the next step will be to have some concert of action among the boards of the different States, so as to make the standard required by the different boards correspond. If many of the States will do this, then the colleges will be forced to raise their standard for graduation.

I hope to be able to bring this matter before those interested in the subject at the next meeting of the American Medical Association, and if you approve of the plan, I trust you will call attention to it through the columns of the JOURNAL.

Very respectfully &c.,

WM. C. DABNEY, M.D.

Charlottsville, Va., Feb. 22, 1884.

NOTE.—In the editorial alluded to in the above letter, we meant by the words "similar boards in other States," only such as were constituted on the same basis and exercised the same powers and duties. We do not regard a State Board of Examiners, who are required to issue licenses to practice to any party who may possess a college diploma, as in any sense "similar," to the board provided for by the Virginia law. Indeed, such boards are practically little more than registration offices, and the laws establishing them are hardly worth the paper they are printed on. —EDITOR.

FOREIGN CORRESPONDENCE.

PARIS, FEB. 8, 1884.

Prof. Germain Sée and Dr. Bochefontaine, his "chef de laboratoire" at the Hotel Dieu, lately undertook a series of experiments as to the physiological action of the sulphate of quinine, which were afterward compared with the results obtained clinically at the hospital. The following is a summary of their paper on the subject which was read at a recent meeting of the Academy of Sciences:

In the healthy human subject, the sulphate of quinine lowers the temperature to a very insignificant degree; the oxidations, however, undergo marked diminution; the pulse becomes slower, and the blood-pressure is lowered. In the typhic patient, the temperature is lowered after the first gramme, and particularly after the second gramme of quinine; it falls one degree and a half in six or eight hours, and the effect persists for a day and a half. The oxidations diminish in the same proportion. The pulse-rate becomes much slower than in the physiological state. The blood-pressure, which falls constantly under the influence of hyperthermia, rises to the normal condition; there is, besides, increase of the contractile energy of the heart. The sulphate of quinine alone preserves the force of the heart and increases it. Moreover, as it diminishes the febrile heat directly, without previously increasing the combustion, as is the case with cold baths, it stops dicrotism, and the arterial tension, which was considerably diminished, resumes its normal strength. It is therefore a powerful antipyretic. If, in the physiological state, it diminishes vascular pressure, it is because it does not produce a marked diminution of the normal temperature.

A very interesting exhibition of the wonders of the deep in the form of submarine animals and plants, is about to be opened at the Jardin des Plantes, which were collected by M. Alphonse Milne-Edwards during his exploration cruise along the western coast of

Africa. About the beginning of last year, M. Milne-Edwards and other naturalists who accompanied him started in a ship named "Talisman," with all the necessary engines, apparatus and instruments for soundings in the depths of the ocean, and which were placed at their disposal by the French Government. The explorations were pushed to 6,000 meters, or about 19,686 feet. They lasted several months, which enabled them to collect the most curious specimens of the fauna and flora of the great deep. Specimens of vegetables and of animals absolutely unknown to the present time, were also collected. All the different specimens have been well preserved, and will be exposed in a few days, as I have just stated. Before the opening of the exhibition, however, M. Milne-Edwards thought proper to give the result of his exploration in a most interesting communication he made at the Academy of Sciences. At the conclusion of the paper, the reading of which was listened to with intense interest, M. Boussingault, one of the oldest members of the Institute, was heard to exclaim: "And yet, for the last 30 years or more, I have been teaching that life was not possible in the depths of the ocean."

In 1873, a law was passed for the repression of drunkenness in the streets, and with the view of putting a check on the progress of alcoholism in this country. It was made applicable not only to the miscreants, but to the wine merchants, who allowed, or rather encouraged people to get drunk in their shops. The application of this part of the law was not always easy, as the drunken persons did not always recollect where they had been drinking. The police authorities have, therefore, resolved to punish severely all wine merchants whose shop any person may leave in a state of intoxication.

The following interesting report, drawn up at the office of the Minister of the Interior, has just been published in the *Journal Officiel*, showing the number of births, marriages and deaths during the year 1882. From this report it is seen that at Paris there have been 108 deaths daily, and as many or nearly as many births, or an average of 6 deaths and 6 births for each arrondissement. There were 200 marriages weekly, and it is stated that 20 per cent. of married couples have no children; 10 per cent. have more than 10; 30 per cent. have from 5 to 10; 20 per cent. have from 2 to 5; and the others have only 1 child. In the same proportion of marriages there are 15 that obtained legal separation (divorce not being lawful in this country) and it is in the first years of marriage that applications for separation are the most numerous. After fifteen years of conjugal life the applications become less frequent.

The aquarium which was established in the grounds of the Trocadero during the last International Exhibition held in Paris in 1878, has been considerably enlarged and improved. It is well provided with salt and fresh water fish, and arrangements have been made for a complete laboratory for experiments, and a staff of professors who are to give public and gratuitous lectures on pisciculture.

The late Dr. Depaul, Professor of Clinical Obstetrics in Paris, and who died a short time ago, has bequeathed his splendid collection of pathological specimens and obstetrical instruments to the Faculty of Medicine of Paris. A. B.

NECROLOGY.

FORD, CHARLES MASON, M.D., of Washington, D. C., was born in or near Troy, New York, May 15, 1840; died of rheumatic fever at his residence, 150 Pennsylvania Avenue S. E., February 15, 1884.

He was the son of John N. Ford, of Troy, N. Y. Having received a good academical education he, at an early age, began the study of medicine with Dr. Alfred Watkins, of Troy. He attended lectures and graduated M.D. at the University of Pennsylvania in 1861. His graduating thesis was written on "Scarlatina." Shortly after leaving college he was appointed assistant-surgeon in the Navy, and assigned to duty with the Huntsville blockading squadron, under the command of Capt. Ciciro Price. He served with reputation, but from exposure contracted rheumatism, which caused him to resign, and return home to recover his health. In a few months after leaving the Navy he came to Washington, and was at once commissioned assistant surgeon of volunteers, and assigned to duty at "Clifton Hospital," situated on the heights to the north of t he city of Washington. After some 9 months' service at this hospital, Dr. Ford was assigned to special duty at the "old Capitol Prison," where he remained until that famous institution was abolished. With the consent of the officers in charge he opened an office for private practice in the vicinity of the prison, and near where he finally located when he retired from the military service. As soon as permanent settlement in Washington was determined, he became associated professionally with Providence Hospital, and for over 14 years he served on the surgical staff of that institution. At a special meeting of the Medical Society of the District of Columbia held Feb. 16, to take action and adopt a minute expression of the feeling of the Society on the death of its member, Dr. C. M. Ford, Dr. S. C. Busy paid an eloquent tribute to his character and memory. Other members spoke in the same strain. It is to be regretted that their remarks were not reduced to writing.

Dr. Ford Thompson, who had been long associated with him in Providence Hospital, and knew intimately his character and skill as a surgeon, reduced his remarks to writing, and spoke as follows: "Dr. Ford was remarkably endowed by nature with many of the qualities which make the successful physician and surgeon, as well as the most agreeable and lovable companions. Gifted with a memory almost phenomenal in its retentiveness, he was able to keep abreast with the advance of medical science almost without an effort; and combined with this he possessed judgment to a degree that often appeared intuitive, and made his advice of the highest value to his friends as well as to his patients. He was well grounded in the essential branches of his profession, and his thorough knowledge of anatomy gave him a secure foundation

for the superstructure of surgery, for which he early evinced a decided aptness. Indeed, I have rarely seen a man upon whose judgment I wonld more implicitly rely than his. With a comprehension of the possibilities of the vast field of surgery he combined an insight of complications and extraneous influences which made his opinion of a case of peculiar value, upon the many occasions it has been sought by me. As a practitioner of medicine I believe he possessed the same eminent qualities to an equal degree in all the departments, for I have heard no other opinion from those who have had the fullest opportunities of judging in this field of his labor." Dr. E. C. Hagner, who had also reduced his remarks to writing, in speaking of Dr. Ford's personal and social qualities, said: "Dr. Ford had one of the most lovable dispositions that I have ever known. His heart had a southward look, and was always open to the sun. When his friends met him, however weary and exhausted they might be, it was a rest from the cares of this weary life to bask in the sunshine of his joyous nature. Quick-witted, sympathetic, large-hearted, generous to a fault, he grappled his friends to him with hooks of steel. The electricity of his temperament was indeed wonderful. I have met him when I knew the case to be visited was one which taxed every energy of his mind and sympathy of his heart, and when I expected him to show in face and manner some evidence of the strain he was undergoing. He had a most complete control over his feelings. I have marveled at the buoyancy of his greeting on such occasions, the readiness of his smile and laugh. He could beguile the time with merriment and almost boyish fun, but the moment the patient's threshold was reached the transformation of manner was complete; the strong man was there, the wise and vigilant physician had assumed control of the case, and his tender, soothing voice was heard comforting and consoling. It was no simulated sympathy that thls huge man, with a woman's heart and the frame of a Hercules, gave to his patients. In the sick-room upon his brow was written 'Duty,' and all the genial elements of his nature were fused into a tender solicitude, that won the patient's confidence and gave assurance of the trust in his skill." Dr. Ford, although having a preference for surgery, had, nevertheless, a very large general practice, scattered over the eastern half of the city; and although fond of social life, was dilligent and conscientious in his attendance upon his patients. His services, too, were given freely to the poor as well as to the rich.

For some years Dr. Ford was physician to the Washington Asylum, or Almshouse, and at the time of his death he was surgeon to the Baltimore and Potomac railroad, and to the Washington and Fredericksburg railroad. He was a member of this Medical Society and also the Medical Association of the District of Columbia, and was one of the original members of the Clinico-Pathological Society of the District of Columbia. He was a delegate to the American Medical Association from the Medical Society of the District of Columbia in 1865, and attended in 1866, 1868, 1870, and 1880. Dr. Ford was an honorary member of every military organization in the District. He was at the time of his death a member of Lafayette Lodge, No. 19, F. A. A. M.; Lafayette R. A. Chapter, No. 5; and Columbia Commandery, No. 2, Knights Templar. Among all his Masonic brethren he was very much beloved, and no public occasion was deemed complete without his genial company. Dr. Ford was married in 1862 to Miss Ives, who bore him five children, two of whom with their mother survive. His domestic life was a happy one, a devoted husband and affectionate parent, and was fully reciprocated. His funeral is to take place on Tuesday, 19th inst., and the interment will be at the Congressional cemetery, where three of his children are buried. His lodge, chapter and commandery of Knights Templar will bury him with full Masonic honors; and it is announced that all the military organizations to which he was attached will join in the funeral pageant. J. M. T.

HUGHES, THOS. M., M.D., died at the residence of his mother, near Amiprille, Rappahannock county, Virginia, Jan. 29, 1884, in the 28th year of his age, of phthisis pulmonalis.

Dr. Hughes graduated from the College of Physicians and Surgeons, Baltimore, Md., in 1879, and after devoting a year to hospital practice at Bay View, began the practice of his profession in connection with Dr. John A. Adams, at Amiprille, who dying in January, 1882, the subject of this notice was required to assume the responsibilities of a large country practice, and right nobly has he discharged the duties thus devolved upon him. It has never been the fortune of the writer to see a young physician acquire the full confidence of a large and steadily increasing patronage so completely, nor to know one more generally beloved and esteemed by his professional brethren.

He was elected a Fellow of the Northeast Virginia Medical Society in 1881, of the Medical Society of Virginia in 1882, and was a delegate to the American Medical Association in 1883.

Although modest and retiring in disposition, he was accomplished in his profession, and availed himself of every opportunity of advancing its interests.

In his death the community has lost one of its most useful citizens, the medical societies to which he belonged, and the profession at large, a useful and promising member. A. H.

MISCELLANEOUS.

INDIANA STATE SANITARY CONVENTION.

SEYMOUR, IND., Feb. 15, 1884.

DEAR SIR:—You are respectfully invited to attend and participate in the labors and deliberations of the First Convention of the Indiana State Sanitary Society, to be held at the city of Seymour, on Wednesday and Thursday, March 12 and 13, 1884, under the auspices of the Committee on State Medicine of the State Medical Association.

OBJECTS OF THE CONVENTION.

The objects of the Convention are the presentation of facts, the comparison of views, and the discussion of methods relating to the prevention of sickness.

At each session of the Convention, there will be addresses or papers on subjects of general interest pertaining to the public health, each paper to be followed by a discussion of the subject treated upon. The papers are expected to be original contributions.

ADDRESSES AND SUBJECTS OF DISCUSSION.

Welcome Address—Hon. Jason B. Brown; Address by the President—Dr. N. N. Shipman.

Among the subjects which it is expected will be presented and discussed are the following:

Sewerage, the Causes of Insanity; Ventilation, Microscopical Examination of Air; Alms-Houses, Contagious and Infectious Diseases; Foods and their Adulterations, School Hygiene: Ice from Impure Sources, Disposal of Waste Water.

Programmes will be issued before the Convention.

The sessions of the Convention will be held at the Reading Room at 9 A. M., 2 P. M. and 7 P. M. of each day. The admission to all sessions will be free, and the public is cordially invited. This being the first of a series of conventions to be held at different points within the State, it is desirable that there shonld be a representative from each county of the State, of those interested in "Sanitation" in the broadest signification.

For further particulars. address the Secretary,

JOHN A. FORSYTHE,
(Editor *Daily Democrat*,)
Seymour, Ind.

NOTE.—All papers read, to be the property of the Convention.

NEW BOOKS.

Calderwood, H. The Relations of Mind and Brain. 2nd edit. 8vo. 540 pp. 12s. London: Macmillan.

Hutchinson, J. The Pedigree of Disease: being Six Lectures on Temperament, Idiosyncrasy, and Diathesis, delivered in the Theater of the Royal College of Surgeons in the Session of 1881. 8vo. 142 pp. 5s. London: Churchill.

MacDonald, J. D. Microscopical Examination of Drinking Water and Air. 2nd edit. 8vo. 7s. 6d. London: Churchhill.

Manson, P. Filaria Sanguinis Hominis, and certain New Forms of Parasitic Disease in India, China, and Warm Countries. Illustrated. 8vo. 10s. 6d. London: Lewis.

Millican, K. The Evolution of Morbid Germs: a Contribution to Transcendental Pathology. Cr. 8vo. 3s. 6d. London: Lewis.

Moore, G. Nose and Throat Diseases. 4th edit. 1s. London: Epps.

Thornhill, M. The Clergy and Vivisection. Post. 8vo. 134 pp. 2s. London: Hatchards.

Warren, J. H. A Plea for the Cure of Rupture. 8vo. 118 pp. 5s. 6d. London: Churchill.

Warren, J. H. A Practical Treatise on Hernia. 2nd edit. 8vo. 444 pp. 21s. London: Churchill.

Welch, F. H. Enteric Fever, as Illustrated by Army Data at Home and Abroad. 8vo. 5s. 6d. London: Lewis.

Whitta, W. Elements of Pharmacy, Materia Medica, and Therapeutics. With Lithographs and Wood Cuts. 2nd edit. 12mo. 602 pp. 10s. 6d London: Renshaw.

Wilson, G. A Handbook of Hygiene and Sanitary Science. 5th edit. Cr. 8vo. 10s. 6d. London: Churchill.

Barette, J. De l'intervention chirurgicale dans les hernies étranglées compliquées d'adhérences on de gangrene. Entérectonue et entéremhaphia. 8vo. 150 pp. Paris: Delahage et Lecrosnier.

Comby, J. Les Pleurésies pulsatiles (empyème pulsatile.) 8vo. 53 pp. Paris: Asselin et Cie.

David G. Quelques considérations sur la gangrène typhoide. 8vo. 52 pp. Paris: Davy.

Fiessinger. Notes cliniques: I, la Fièvre pneumonique à Dogneville, près Epinal. II, la Néphrite gravidique et l'accouchement prématuré. 3d fascicule. 8vo. 19 pp. Nancy: Berger, Levrauet et Cie.

Grégoire, H. Del'urée dans le cancer. 8vo. 43 pp. Paris: Davy.

Gueneau de Mussy, N. Clinique médicale. T. 3. Traite theorique et pratique de la fiévre typhoide on dothiénentérique. 8vo. 740 pp. Paris: Delahage et Lecrosnier. 13 Francs.

Guerin-Carnet. Principales affections de l'oreille, bruits, écoulements surdité, guide explicatif de mon traitment. 2nd edit. 18mo. 122 pp. avec fig. Paris: Ghio.

Karth, A. Etude sur une forme grave d'oreillons. 8vo. 87 pp. Paris: Davy.

Mégrat, C. De la péritonite développée pendant la grossesse. 8vo. 60 pp. Paris: Lamveryns.

Puica, C. Paralysie glosso-labtée cérébrale. 8vo. 51 pp. Paris: Davy.

Tesson, A. Désarticulation de la hanche, observations. 8vo. 12 pp. Angers: Lachèse et Dolbeau.

Vigonroux, H. Hygiène et Médicine des familles. Tablettes du docteur. 2. serie. 18 mo. IV, 320 pp. Paris: G. Masson. 3 fr. 50.

Stobwasser, Carl. Die Hasenscharten auf der Göttinger chirurgischen Klinik vom October, 1875, bis zum Juli, 1882. Inaugural Dissertation. 8vo. 18 pp. Göttingen: Vandenhœck & Ruprecht.

Vorträge über Gesundheitspflege und Rettungswesen während der Hygiene-Ausstellung zu Berlin. 1883. III, 8vo. Berlin: Pasch.

Ziegler, Prof. Dr. Ernst. Lehrbuch der allgemeinen und speciellen pathologischen Anatomie und Pathogenese. Mit einem Anhang über die Technik der pathologisch-anatomischen Untersuchung. Für Aerzte und Studirende. 3 verm. und verb. Auflage. (In ca. 5 Lieferungen.) 1. Lfg. 8vo. 272 pp. Jena: Fischer.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT UNITED STATES ARMY, FROM FEBRUARY 16, 1884, TO FEBRUARY 21, 1884.

Perin, Glover, Lieutenant-Colonel and Surgeon, Medical Director; is granted one month's leave of absence, with permission to apply at Division Headquarters, Missouri, for an extension of one month. (S. O. 16, Dept. of Dak., Feb 9, 1884.)

Wilson, Geo. F., First Lieutenant and Assistant Surgeon; assigned to duty at Fort Walla Walla, W. T. (S. O. 14, Dept. of the Columbia, Feb. 5, 1884.)

CHANGES IN THE MEDICAL CORPS OF THE NAVY FOR THE WEEK ENDING FEB. 23, 1884.

P. A. Surgeon F. S. Nash, detached from the U. S. S. "Dispatch," and waiting orders.

P. A. Surgeon W. H. Rush, detached from the "Minnesota," and ordered to duty on board the "Dispatch."

P. A. Surgeon J. H. Hall to the "Minnesota."

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